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<p>(54) Title: METHODS FOR DETECTION AND USE OF DIFFERENTIALLY EXPRESSED GENES IN DISEASE STATES</p> <p>(57) Abstract</p> <p>The present invention relates to methods and compositions for the detection, diagnosis, prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and related disorders. The present invention also relates to compositions and methods useful in the diagnosis, prevention and therapeutic treatment of a disease, specifically cardiac, kidney or inflammatory disease. Specifically, methods and compositions are provided for the diagnostic evaluation and prognosis of conditions involving a disease, specifically cardiac, kidney or inflammatory disease, for the identification of subjects exhibiting a predisposition to such conditions, for modulating the effect of these differentially expressed genes, for monitoring patients undergoing clinical evaluation for the prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and its disorders, and for monitoring the efficacy of compounds used in clinical trials.</p>			

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## METHODS FOR DETECTION AND USE OF DIFFERENTIALLY EXPRESSED GENES IN DISEASE STATES

## I. INTRODUCTION

The present invention relates to methods and compositions for the detection, diagnosis, prevention and treatment of disease states and related disorders. The disease states of the present invention include cardiac, kidney and inflammatory disease. Specifically, genes that are differentially expressed in the cells, tissues, or peripheral blood of a subject suffering from, or predisposed to, such disease states may be identified through the methods of the present invention.

The present invention also relates to compositions and methods useful in the diagnosis, prevention and therapeutic treatment of disease states through the use of the differentially expressed genes of the present invention.

Methods and compositions are provided for the diagnostic evaluation and prognosis of conditions involving such disease states, for the identification of subjects exhibiting a predisposition to such conditions, for therapeutic uses, e.g., modulating the effect of such differentially expressed genes, for monitoring subjects undergoing clinical evaluation for the prevention and treatment of a disease and its disorders, and for monitoring the efficacy of compounds used in clinical trials.

## **II. BACKGROUND OF THE INVENTION**

The present invention relates generally to methods and compositions for the detection, diagnosis, prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and related disorders. Particularly, the present invention relates to methods useful in diagnosing, identifying, monitoring, preventing, and treating the onset and progression of such disease states through the use of genes and gene products differentially expressed in a disease, specifically cardiac, kidney or inflammatory disease, along with modulators thereof.

By way of example, congestive heart failure (CHF) is a major cardiac disease associated with extensive morbidity and mortality. Traditionally, CHF has been treated by a series of agents including diuretics, vasodilators, angiotensin converting enzyme inhibitors,  $\beta$ -adrenergic antagonists, and positive inotropes like digoxin. These drugs, however, principally provide symptomatic relief and typically only extend the life of one suffering from the disease for periods ranging from 6-12 months.

In response to hormonal, physiological, hemodynamic and pathological stimuli, adult ventricular muscle cells can adapt to increased workloads through the activation of a hypertrophic process. This process is characterized by an increase in the contractile protein content of cardiac muscle cells without a proliferative response because the adult cardiomyocyte is terminally differentiated and has lost its ability to divide. Cardiac growth during the hypertrophic process therefore results primarily from an increase in protein content per individual cardiomyocyte, with little or no change in cell number. The acquisition of the cardiac hypertrophic phenotype is in part dependent upon the activation of cardiac muscle gene program.

In addition to the induction of specific contractile protein components, ventricular hypertrophy is also characterized by alterations in the expression of certain non-contractile proteins, such as atrial natriuretic peptide

(ANP, also known as ANF). During embryonic development, the ANP gene is expressed in both the atrium and the ventricle. However, shortly after birth ANP expression is down regulated in the ventricle and expression is mainly confined to the atrium. Following induction of hypertrophy, ANP is reexpressed in the ventriculum. Thus, ANP expression can be considered to be a non-contractile protein marker of cardiac ventricular hypertrophy.

5        Ventricular hypertrophy is initially a compensatory mechanism by which the heart is attempting to counteract the effects of conditions like pressure overload, loss of contractile tissue, obstruction of blood flow, or increased peripheral demand for blood flow, all of which can be generated by a variety of physiological or pathological stimuli. In some circumstances, such as, injury or functional compromise of the heart, a typically short term, compensated hypertrophic response is desirable. Similarly, cardiac, e.g. left ventricular, hypertrophy (physiological hypertrophy) is  
10 often observed in some highly trained athletes, without any apparent cardiovascular complications. However, under some circumstances the hypertrophic response may eventually contribute to cardiac dysfunction. These circumstances include, but are not limited to, excessive hypertrophy, prolonged hypertrophy, or hypertrophy occurring in the context of toxic factors or toxic concentrations of factors that, when combined with the hypertrophic response of cardiac myocytes, result in mechanical dysfunction, electrical conduction dysfunction, loss of cardiac wall  
15 elasticity, or stimulation of fibrosis. In these cases hypertrophy is termed decompensated hypertrophy, and antagonism of cardiac hypertrophy is considered desirable. Once the transition from compensated to decompensated hypertrophy is achieved, the progression to a terminal heart failure phenotype often rapidly follows.

Heart failure affects approximately five million Americans. New cases of heart failure number about 400,000 each year. The pathophysiology of CHF is rather complex. Generally, the central hallmark of the disease is  
20 the inability of the heart to pump sufficient oxygenated blood to meet the demands of peripheral tissues. Numerous etiologies contribute to the development of CHF, including primary diseases of, or insults to, the myocardium itself, cardiac defects, hypertension, inflammation, kidney disease and vascular disease. These conditions lead to the hypertrophy and remodeling of the cardiac ventricles which, if unchecked, ultimately reduce the mechanical performance of the heart. Forces associated with the inability of the heart to pump blood ultimately lead to the  
25 release of neurohormones like catecholamines, renin-angiotensin, aldosterone, endothelin and related factors into the circulation. It has been demonstrated that elevations in plasma levels of many of these circulating neurohormones have a deleterious impact on the outcome of patients with CHF. Local production of these neurohormonal factors in the heart is believed to contribute centrally to the disease. Thus, an important therapeutic strategy has been to block this neurohormonal axis contributing to the pathogenesis of this disease.

30        Factors known to contribute centrally to the pathophysiology of heart disease are biosynthesized in the heart itself. These factors are produced in cardiac myocytes, fibroblasts, smooth muscle and endothelial cells, and inflammatory cells associated with the myocardium. For example, the heart has been shown to contain its own renin-angiotensin system. Blockade of the cardiac renin-angiotensin system is believed to contribute significantly to the therapeutic efficacy of the therapeutic class of agents known as angiotensin converting enzyme (ACE) inhibitors.

The heart also produces other factors including, but not limited to, endothelins, bradykinin, adrenomedullin, tumor necrosis factor, transforming growth factors, and natriuretic peptides. Unfortunately, therapeutic strategies are limited to the modulation of such substances, which are already known to contribute to the disease. Indeed, it is estimated that the functional contributions of only a minor fraction of all known secreted factors encoded by the human genome have been defined. Thus, it would be beneficial to discover differentially expressed genes related to disease states, in addition to methods and compositions for the diagnostic evaluation and prognosis of conditions involving such diseases, for the identification of subjects exhibiting a predisposition to such conditions, for modulating the effect of these differentially expressed genes and their expression products, for monitoring patients undergoing clinical evaluation for the prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and its disorders, and for monitoring the efficacy of compounds used in clinical trials. There is a particularly great interest in trying to understand the mechanisms which induce and control ventricular hypertrophy and indeed to dissect the transition from compensated to decompensated hypertrophy.

Recent observations, for example, show that the expression of genes encoding the natriuretic peptides, Atrial Natriuretic Peptide ("ANP") and Brain Natriuretic Peptide ("BNP"), which are believed to play important cardioprotective roles in CHF, is markedly up regulated (*i.e.*, differentially expressed) in association with the progression of CHF in animal models and humans. Levels of messenger RNAs encoding endothelin, angiotensin converting enzyme, transforming growth factor and its receptors, and adrenomedullin are all changed during the progression of cardiac disease. Indeed, the differential expression of a gene in association with a disease implicates the gene as playing a key role in the progression of the disease itself. Accordingly, a strategy aimed at the identification of genes which are differentially expressed in association with a disease, specifically cardiac, kidney or inflammatory disease, will likely elucidate expression products or other factors that can contribute to or ameliorate the symptoms of the disease state and are potential candidate targets for therapeutic modulation or which are potentially therapeutic themselves. Such genes can also contribute to methodologies for diagnosing, evaluating, preventing and treating such diseases.

The primary goal of therapy for cardiac diseases has been the relief of symptoms associated with reduced cardiac output. Although current drugs provide some improvement in cardiac output, they fail to address the underlying mechanisms that lead to heart failure. A lack of understanding of the mechanisms responsible for progressive heart failure has made it difficult to devise long term strategies for treatment. Recently, investigators have begun to examine the underlying biology of the failing heart by examining the changes in gene expression that coincide with disease progression, however, the ability to comprehensively examine gene regulation in congestive heart failure has been technologically restricted. Understanding the fundamentals of heart disease should aid in the development of new drugs which not only improve cardiac function acutely, but also lead to improvements in long term survival. This holds true for other diseases as well.

Patients with symptomatic heart failure present with shortness of breath, edema, and extreme fatigue, often leading to death. The transition to end-stage failure can occur shortly or long after initial damage. To compensate for increased load due to damage, the left ventricle undergoes a hypertrophic response, characterized by increases in size of the cardiomyocyte without cell proliferation. In addition to changes in mass, the heart tissue also remodels the 5 **cellular architecture of the cardiomyocyte, evident as alterations in sarcomeric structure and contractile fiber formation.** Following initial compensatory changes, the myocardium can ultimately fail due to irreversible enlargement and dilation. To afford the cellular changes in the tissues of the remodeling heart, there are many documented molecular changes, which are controlled by changes in cardiac gene expression (Komuro *et al.*, *Ann. Rev. Physiol.* 55:55-75 (1993)). Such changes are not, however, confined to the cardiac myocyte. As important are the alterations 10 and remodeling of the interstitial compartment. For example, proliferation and activation of cardiac myocytes in the failing heart lead to extracellular matrix deposition, which negatively affects the contractility of the ventricle wall.

Many studies, which examine molecular and cellular changes in various diseases, have been conducted using animal models of disease states. In one model, surgical placement of a steel band around the ascending aorta causes pressure overload on the heart (Schunkert *et al.*, *J. Clin. Invest.* 86(6):1913-20 (1990)). To compensate for the 15 increase in pressure due to the aortic constriction, the left ventricle increases in mass via cellular hypertrophy of the cardiomyocyte. Left ventricular hypertrophy (LVH) displayed in the banded rat is strikingly similar to human heart disease associated with hypertension or valvular disease, which expose the myocardium to prolonged pressure overload. Continued pressure overload in the rat model of LVH ultimately leads to heart failure. This represents a recapitulation of the chronic hypertensive condition observed in humans. As in humans, a compensated hypertrophic 20 heart can maintain diastolic and systolic function, but eventually the LVH response is exhausted, and continued cell loss and fibrosis leads to a demise of the heart. The rat LVH model is well suited to examine cellular and molecular changes associated with early responses to pressure overload, long term compensation, and late stage failure.

Several groups have exploited the rat LVH model to study gene expression related to heart disease. Within an hour of pressure induction, a change in mRNA levels for certain growth response genes such as c-fos, c-myc, and 25 hsp70 has been observed (Izumo *et al.*, *Proc. Natl. Acad. Sci. USA* 85(2):339-43 (1988)). Induction of hypertrophy in rats responding to chronic pressure overload for 8-12 weeks is accompanied by a shift in expression of several genes from adult to fetal isoforms. This period of time is characterized by remodeling of the myofibrillary composition of the cardiomyocyte in the left ventricle. During this cellular transition, expression of adult myosin heavy chain, cardiac actin, and tropomyosin is replaced by that of isoforms typically expressed in the developing fetus (Izumo *et al., supra*). 30 Others have shown that the natriuretic hormones ANP (Mercadier *et al.*, *Am. J. Physiol.* 257(3 Pt. 2):H979-87 (1989)) and BNP (Hama *et al.*, *Circulation* 92(6):1558-64 (1995)), and their corresponding mRNAs, are elevated in hypertrophic rat myocardium as seen in human heart disease. In addition, it has been shown that mRNA levels of calcium ATPase and phospholamban decrease (Komuro *et al., supra*), and angiotensin converting ACE enzyme (Schunkert *et al.*, *J. Clin. Invest.* 96(6):2768-74 (1995)) mRNA levels increase in LVH.

Although the numerous findings on the changes in gene expression in disease are enlightening, the story is certainly incomplete. Most published works in this field have concentrated on expression analysis of a limited number of genes. For example, fewer than 100 genes have been evaluated for transcriptional control in cardiac hypertrophy, representing a small fraction of all genes expressed in the heart. It is anticipated that expression of hundreds of genes 5 are altered in the failing heart, and their discovery could reveal additional information about fundamental aspects of cardiac biology and how the heart responds to chronic pressure overload.

Techniques have been developed to efficiently analyze the level of expression of specific genes in cells and tissues. These techniques include, but are not limited to, quantitative PCR, RNA diagnostics, SAGE (sequential 10 analysis of gene expression), differential display, and microarrays. The application of these techniques affords a most powerful analysis of gene expression, substantially more efficient than older methods used for this purpose. A particularly attractive method for assessing gene expression is the DNA microarray technique. In this method, nucleotide sequences of interest are plated, or arrayed, on a microchip substrate. The arrayed sequences are then hybridized with specific DNA probes from cells or tissues of interest.

A particularly important application of the microarray method allows for the assessment of differential gene 15 expression in pairs of mRNA samples from two different tissues, or in the same tissue comparing normal versus disease states or time progression of the disease. Microarray analysis allows one to analyze the expression of known genes of interest, or for the discovery of novel genes expressed differentially in tissue pairs of interest. Thus, an attractive application of this technology is as a fundamental discovery tool to identify new genes, and their corresponding expression products, which contribute to the pathogenesis of disease and related conditions.

Microarray technology has been successfully applied to large-scale analysis of human gene expression to 20 identify cancer-specific genes and inflammatory-specific genes (DeRisi *et al.*, *Nat. Genet.* 14(4):457-60 (1996); Heller *et al.*, *Proc. Natl. Acad. Sci. USA* 94(6):2150-55 (1997)). DeRisi *et al.* examined a pre-selected set of 870 different genes for their expression in a melanoma cell line and a non-tumorigenic version of the same cell line. The microarray analysis revealed a decrease in expression for 15/870 (1.7%) and an increase in expression for 63/870 (7.3%) of the 25 genes in non-tumorigenic relative to tumorigenic cells (only signals < 0.52 or > 2.4 were deemed significant). Heller *et al.* employed microarrays to evaluate the expression of 1000 genes in cells taken from normal and inflamed human tissues. The results indicated that altered expression was evident in genes encoding inflammatory mediators such as IL-3, and a tissue metalloprotease. These results demonstrate the utility of applying microarray technology to complex human diseases, as described in detail *supra*.

In one embodiment of the present invention, genes, which are differentially expressed in association with a 30 disease, specifically cardiac, kidney or inflammatory disease, are identified using the methods of the present invention. In a preferred embodiment, DNA microarrays are utilized to identify the genes of the present invention. The present invention emphasizes the importance of gene regulation in association with a disease, specifically cardiac, kidney or inflammatory disease. One skilled in the art, in view of the present disclosure, recognizes that the expression products

of these genes have application as therapeutic agents, or targets for therapeutic modulation in a disease and its related conditions. The present invention also relates to the use of these genes, their expression products, and their modulators, in the detection, diagnosis, prevention, and treatment of disease.

Specifically, the present invention addresses deficiencies in the prior art by providing methods for identifying 5 specific genes that are differentially expressed in subjects in response to a disease, specifically a cardiac, kidney or inflammatory disease, state, at a different level than such genes are expressed in a biological sample (e.g., cells, tissue or peripheral blood) obtained from a normal subject (i.e., a subject who is not suffering from or predisposed to the disease, e.g., a control subject). In a preferred embodiment, a disease state associated with the differentially expressed genes of the present invention may be detected, or diagnosed, by examining a blood sample rather than 10 relying on a more invasive or less sensitive test to derive a prognosis. In addition, a subject may be monitored for disease progression, status, and response to therapies through monitoring of the expression of differentially expressed genes. Within the context of the present invention a "patient," "individual," or "subject" are interchangeable terms and may be an animal, including a laboratory animal or other animal species, or a human.

As demonstrated herein, certain differentially expressed genes and methods of identifying such genes have 15 been applied for the detection and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and related conditions. Such cardiac diseases include CHF, dilated congestive cardiomyopathy, hypertrophic cardiomyopathy, restrictive cardiomyopathy, mitral valve disease, aortic valve disease, tricuspid valve disease, angina pectoris, myocardial infarction, cardiac arrhythmia, pulmonary hypertension, arterial hypertension, renovascular hypertension, arteriosclerosis, atherosclerosis, and cardiac tumors. Such kidney diseases include acute renal failure, 20 glomerulonephritis, chronic renal failure, azotemia, uremia, immune renal disease; acute nephritic syndrome, rapidly progressive nephritic syndrome, nephrotic syndrome, Berger's Disease, chronic nephritic/proteinuric syndrome, tubulointerstitial disease, nephrotoxic disorders, renal infarction, atheroembolic renal disease, renal cortical necrosis, malignant nephroangiosclerosis, renal vein thrombosis, renal tubular acidosis, renal glucosuria, nephrogenic diabetes insipidus, Bartter's Syndrome, Liddle's Syndrome, polycystic renal disease, interstitial nephritis, acute hemolytic 25 uremic syndrome, medullary cystic disease, medullary sponge kidney, hereditary nephritis, and nail-patella syndrome. Such inflammatory diseases include myocarditis, asthma, chronic inflammation, autoimmune diabetes, tumor angiogenesis, rheumatoid arthritis, rheumatoid spondylitis, osteoarthritis, gouty arthritis and other arthritic conditions, sepsis, septic shock, endotoxic shock, Gram-negative sepsis, toxic shock syndrome, asthma, adult respiratory distress syndrome, stroke, reperfusion injury, CNS injuries such as neural trauma and ischemia, psoriasis restenosis, cerebral 30 malaria, chronic pulmonary inflammatory disease, silicosis, pulmonary sarcosis, bone resorption diseases such as osteoporosis, graft versus host reaction, Crohn's Disease, ulcerative colitis including inflammatory bowel disease (IBD), and pyresis.

### III. SUMMARY OF THE INVENTION

As a result of functional genomic studies, we have identified a number of genes that are differentially expressed in several animal models of cardiac, kidney and/or inflammatory diseases.

Accordingly, the present invention relates to methods and compositions for the detection, diagnosis, prevention, and treatment of a disease, specifically cardiac, kidney or inflammatory disease. Specifically, genes are identified and described which are differentially expressed in cells, tissue or peripheral blood relative to normal cells, tissue or peripheral blood and/or to cells, tissue or peripheral blood at a different stage of a disease, specifically cardiac, kidney or inflammatory disease. For example, genes are identified which are differentially expressed in subjects suffering from a disease, specifically cardiac, kidney or inflammatory disease, relative to normal subjects. The modulation of the expression of the identified genes and/or the activity of the identified gene products can be utilized therapeutically to prevent or treat a disease, specifically cardiac, kidney or inflammatory disease, and related disorders. As such, methods and compositions are described for the identification of novel therapeutic compounds for the inhibition of such diseases.

Further, the identified genes and/or gene products and/or modulators can be used to identify cells exhibiting or predisposed to a disorder involving a disease phenotype, thereby diagnosing individuals having, or at risk for developing, such disorders. Additionally, the identified genes and/or gene products can be used to determine severity or duration of such diseases. Furthermore, the detection of the differential expression of identified genes can be used to devise treatments for a disease, specifically cardiac, kidney or inflammatory disease. Still further, the detection of differential expression of identified genes can be used to design a preventive intervention for subjects at risk of such diseases.

One such method for the treatment of a disease, specifically cardiac, kidney or inflammatory disease, and most specifically cardiac disease, comprises the administration to a subject of an effective amount of a modulator of one or more genes encoding human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II. Another such method comprises the administration to a subject of an effective amount of a modulator of one or more human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II. The subject may preferably be a human patient.

This modulator may be positive or negative; consist of one or more human proteins of the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II; and be selected from the group consisting of

peptides, phosphopeptides, small organic or inorganic molecules, antibodies, and epitope-binding fragments. In addition, a modulator may be selected from the group consisting of antisense, ribozyme, and triple helix molecules.

Yet another such method for the treatment of a disease, specifically cardiac, kidney or inflammatory disease, and most specifically cardiac disease, comprises the administration to a human patient of an effective amount of one or more isolated human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II. Further methods of the present invention comprise the administration to a human patient of an effective dose of an antibody to a cellular receptor of, an organic molecule inhibitor capable of binding to a cellular receptor of, an expression product of an isolated nucleotide sequence encoding, or a syngeneic host cell transformed with an isolated nucleotide sequence encoding one or more human proteins.

This isolated nucleotide sequence may comprise an antisense oligonucleotide capable of hybridizing with, and inhibiting the translation of, the mRNA encoded by a gene encoding one or more of the human proteins of the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II. Further embodiments of the present invention may use this DNA molecule as a vector or operably linked to a regulatory sequence that controls expression of the coding sequence in a host cell, said host cell preferably comprising a human cell such as a cardiac cell, more preferably a left ventricle cell.

Another embodiment of the present invention provides for the screening of a subject suspected of having a disease, specifically cardiac, kidney, or inflammatory disease, and more specifically cardiac disease. The expression of one or more proteins selected from the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II is determined in a subject suspected of having, or being predisposed to, a cardiac disease, and compared to the expression levels of the one or more proteins in a normal subject. Further, this difference in expression is preferably at least about two-fold or more in the subject, and the subject is preferably a human patient.

In another embodiment, an array comprising one or more oligonucleotides complementary to reference DNA or RNA sequences encoding one or more human proteins selected from the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II is used for detecting disease, specifically cardiac, kidney, or inflammatory disease. The reference DNA or RNA preferably is obtained from a biological sample from a normal subject and from a subject exhibiting a disease, specifically cardiac, disease. Such subjects are preferably humans. The biological sample preferably comprises peripheral blood or tissue, preferably a cell such as a cardiac cell, and more preferably a left ventricle cell.

Yet another embodiment of the present invention provides for diagnosing a disease, specifically cardiac, kidney, or inflammatory disease, and more specifically cardiac disease, in a human patient. The expression level of one or more proteins selected from the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II is determined in the subject and compared to the expression levels of the one or more proteins in a normal subject. Such subjects are preferably humans. Further, this difference in expression is preferably at least about two-fold or more. A tissue sample from the human patient may be obtained from cardiac tissue, specifically left ventricle tissue, or from the subject's blood. cDNA probes are hybridized on the array to create fluorometric, colorimetric or such identifying emissions, which are then compared with the existing encoded proteins.

Further, a diagnostic kit comprising said array is contemplated and used for detecting and diagnosing a disease, specifically cardiac, kidney or inflammatory disease. This kit may comprise control oligonucleotide probes, PCR reagents and detectable labels. In addition, this kit may comprise biological samples taken from human subjects, said samples comprising blood or tissue, preferably cardiac tissue, more preferably left ventricle cells. Such diagnostic kits may also comprise antibodies to the differentially expressed disease state genes of the present invention, which may be monoclonal.

In still another embodiment of the present invention, a method is provided for identifying a modulator of a differentially expressed disease state gene comprising contacting a biological sample from a subject having a disease, specifically cardiac, kidney or inflammatory disease, with a compound and determining the expression level of said differentially expressed gene. Comparison may be made between the expression level of the differentially expressed gene in a normal subject or said subject prior to contact with a compound and the expression level of the differentially expressed gene after contact with a compound, said compound selected from the group consisting of small molecules, active polypeptides and antibodies.

#### IV. DESCRIPTION OF THE FIGURES

Figure 1 shows RNA blot analysis of ANP and BNP in LVH rats. Aortic banded and sham operated control rats were sacrificed at 10 weeks and 20 weeks post surgery. RNA was extracted from the left ventricle of each animal and probed on Northern blots for ANP and BNP transcripts using specific oligonucleotide probes.

Figure 2 shows PCR amplified DNA from 96 random clones of rat left ventricle. PCR product (10 % of total) from 96 clones was loaded onto a 1.0 % agarose gel and visualized by ethidium bromide staining.

Figure 3 shows a microarray analysis of 96 clones expressed in rat heart. Randomly chosen clones from a rat left ventricle cDNA library were printed onto a microarray and hybridized with Cy5-labeled rat left ventricle cDNA. The intensity of each probe is expressed in pseudo-color according to the scale shown. Blank spots resulted from lack of PCR amplifiable insert DNA from the corresponding clone.

Figure 4 shows the differential expression data of representative genes obtained through the disease models of the present invention and determined via microarray analysis. Those representative disease model differentially

expressed genes (clone ID nos. P0204\_E06, P0237\_E02, P0248\_D11, P0228\_H09, P0246\_H10, P0237\_B09, P0207\_C03, P0214\_A11, P0182\_F08, P0219\_H09, P0242\_B03, P0268\_G09) were found to correspond to human genes encoding 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA, insulin-like growth factor binding protein 6, OSF-1, gas-1, YMP, BTG2, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11), respectively.

Figures 5I - 5L show alignment data comparing the cDNA encoding the differentially expressed animal disease model genes with human cDNA corresponding to 1-8U (SEQ ID NO:1; SEQ ID NO:2), prostacyclin-stimulating factor (SEQ ID NO:3; SEQ ID NO:4), osf-2 (SEQ ID NO:5; SEQ ID NO:6), tissue specific mRNA (SEQ ID NO:7; SEQ ID NO:8), insulin-like growth factor binding protein 6 (SEQ ID NO:9; SEQ ID NO:10), OSF-1 (SEQ ID NO:11; SEQ ID NO:12), gas-1 (SEQ ID NO:13; SEQ ID NO:14), YMP (SEQ ID NO:15; SEQ ID NO:16), BTG2 (SEQ ID NO:17; SEQ ID NO:18), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:19; SEQ ID NO:20), peripheral benzodiazepine receptor (SEQ ID NO:21; SEQ ID NO:22), and cellular ligand of annexin II (p11) (SEQ ID NO:23; SEQ ID NO:24), respectively.

Figures 6A-6E show alignment data comparing human cDNA sequences from the GenBank database with multiple cDNA clones encoding the differentially expressed animal disease model genes of the present invention, corresponding to 1-8U, tissue specific mRNA, YMP, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11).

Figures 7A-L show the nucleotide sequences encoding the polypeptides corresponding to 1-8U (SEQ ID NO:25), prostacyclin-stimulating factor (SEQ ID NO:26), osf-2 (SEQ ID NO:27), tissue specific mRNA (SEQ ID NO:28), insulin-like growth factor binding protein 6 (SEQ ID NO:29), OSF-1 (SEQ ID NO:30), gas-1 (SEQ ID NO:31), YMP (SEQ ID NO:32), BTG2 (SEQ ID NO:33), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:34), peripheral benzodiazepine receptor (SEQ ID NO:35), and cellular ligand of annexin II (p11) (SEQ ID NO:36).

Figures 8A-L show the amino acid sequences encoding the polypeptides corresponding to 1-8U (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48).

Figure 9 shows characteristics of the human cDNA corresponding to 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA, insulin-like growth factor binding protein 6, OSF-1, gas-1, YMP, BTG2, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11), as well as characteristics of the proteins themselves.

Figure 10 shows OSF-2 gene expression in neonatal rat cardiac myocytes treated with various stimuli known to induce a hypertrophic response.

Figure 11 shows that inhibition of p38 $\alpha$  prevents induction of prostacyclin stimulating factor (mac25, IGFBP 7) in human peripheral blood mononuclear cells (HPBMNC).

Figure 12 shows the ANP and GAPDH transcript levels in rat neonatal cardiac myocytes treated with 0, 0.2 or 1  $\mu$ g/ml doses of OSF-1.

Figures 13 A and B illustrate the up-regulation of COX-2 and IL-1 $\beta$  in human peripheral blood mononuclear cells treated with 0, 0.1 or 5  $\mu$ g/ml IGFBP-6.

Figure 14 illustrates the induction of IL-1 $\beta$  synthesis in human peripheral blood mononuclear cells (HPBMC) treated with 0, 0.4, 0.8, 2 and 4 nM concentrations of IGFBP-6.

## V. DETAILED DESCRIPTION OF THE INVENTION

### A. DEFINITIONS

Unless defined otherwise, technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention belongs. Singleton *et al.*, *Dictionary of Microbiology and Molecular Biology* 2nd ed., J. Wiley & Sons (New York, NY 1994), and March, *Advanced Organic Chemistry Reactions, Mechanisms and Structure* 4th ed., John Wiley & Sons (New York, NY 1992), provide one skilled in the art with a general guide to many of the terms used in the present application.

One skilled in the art will recognize many methods and materials similar or equivalent to those described herein, which could be used in the practice of the present invention. Indeed, the present invention is in no way limited to the methods and materials described. For purposes of the present invention, the following terms are defined below.

"Kidney disease" includes acute renal failure, glomerulonephritis, chronic renal failure, azotemia, uremia, immune renal disease, acute nephritic syndrome, rapidly progressive nephritic syndrome, nephrotic syndrome, Berger's Disease, chronic nephritic/proteinuric syndrome, tubulointerstitial disease, nephrotoxic disorders, renal infarction, atheroembolic renal disease, renal cortical necrosis, malignant nephroangiosclerosis, renal vein thrombosis, renal tubular acidosis, renal glucosuria, nephrogenic diabetes insipidus, Bartter's Syndrome, Liddle's Syndrome, polycystic renal disease, medullary cystic disease, medullary sponge kidney, hereditary nephritis, and nail-patella syndrome, along with any disease or disorder that relates to the renal system and related disorders, as well as symptoms indicative of, or related to, renal or kidney disease and related disorders.

"Inflammatory disease" includes myocarditis, asthma, chronic inflammation, autoimmune diabetes, tumor angiogenesis, rheumatoid arthritis, rheumatoid spondylitis, osteoarthritis, gouty arthritis and other arthritic conditions, sepsis, septic shock, endotoxic shock, Gram-negative sepsis, toxic shock syndrome, asthma, adult respiratory distress syndrome, stroke, reperfusion injury, CNS injuries such as neural trauma and ischemia, psoriasis restenosis, cerebral malaria, chronic pulmonary inflammatory disease, silicosis, pulmonary sarcosis, bone resorption diseases such as osteoporosis, graft versus host reaction, Crohn's Disease, ulcerative colitis including inflammatory bowel disease (IBD), and pyresis, along with any disease or disorder that relates to inflammation and related disorders, as well as symptoms indicative of, or related to, inflammation and related disorders.

"Cardiac disease" includes congestive heart failure, myocarditis, dilated congestive cardiomyopathy, hypertrophic cardiomyopathy, restrictive cardiomyopathy, mitral valve disease, aortic valve disease, tricuspid valve disease, angina pectoris, myocardial infarction, cardiac arrhythmia, pulmonary hypertension, arterial hypertension, renovascular hypertension, arteriosclerosis, atherosclerosis, and cardiac tumors, along with any disease or disorder 5 that relates to the cardiovascular system and related disorders, as well as symptoms indicative of, or related to, cardiac disease and related disorders.

"Gene" includes differentially expressed genes and their expression products whose expression pattern can be utilized as part of a prognostic or diagnostic marker for the evaluation of a disorder involving a disease, specifically 10 cardiac, kidney or inflammatory disease, or which can be used in methods for identifying compounds useful for the detection, diagnosis, prevention and treatment of such diseases and related disorders. For example, the effect of the compound on the gene expression normally displayed in connection with disorders involving a disease, specifically cardiac, kidney or inflammatory disease, can be used to evaluate the efficacy of the compound as a treatment for such a disorder, or can, additionally, be used to monitor patients undergoing clinical evaluation for the treatment of the disorder. "Gene" also includes differentially expressed genes and their expression products involved in a disease, 15 specifically cardiac, kidney or inflammatory disease, such that modulation of the level of gene expression or of gene product activity can act to prevent or treat such a disease and related conditions. Compounds that modulate the expression of the gene or the activity of the gene product can be used in the treatment of such diseases in a subject, as well as the differentially expressed gene itself or functional variations thereof. Further, compounds that modulate 20 the expression of the gene or activity of the gene product can be used in treatments for a disease, specifically cardiac, kidney or inflammatory disease, and related conditions. Still further, compounds that modulate the expression of the gene or activity of the gene product can be used to design a preventive intervention in individuals at risk of a disease. "Genes" may also be defined via the ability of their products to interact with other gene products involved in a disease, specifically cardiac, kidney or inflammatory disease, and include the target, interactive, and diagnostic genes of the present invention.

25 Genes termed "target genes" or "diagnostic genes" include genes differentially expressed in subjects with a disease, specifically cardiac, kidney or inflammatory disease, relative to their expression in normal subjects or relative to their expression at a different stage of a disease. Genes termed "interactive genes" include genes whose products exhibit an ability to interact with gene products involved in a disease, specifically cardiac, kidney or inflammatory disease. Interactive genes can additionally have diagnostic or target gene characteristics.

30 "Expression pattern" includes the pattern generated when the expression pattern of a series (which can range from two up to all the genes which exist for a given state) of genes is determined. An expression pattern can be used in the same diagnostic, prognostic and compound identification methods as the expression of a single gene.

An "oligonucleotide" includes a nucleic acid polymer composed of two or more nucleotides or nucleotide analogs. An oligonucleotide can be derived from natural sources but is often synthesized chemically. It is of any size.

An "oligonucleotide array or microarray" includes a spatially defined pattern of oligonucleotide probes on a solid support. A "preselected array of oligonucleotides" is an array of spatially defined oligonucleotides on a solid support.

A "nucleic acid reagent" used in standard automated oligonucleotide synthesis typically carries a protected phosphate on the 3' hydroxyl of the ribose. Thus, nucleic acid reagents are referred to as nucleotides, nucleotide reagents, nucleoside reagents, nucleoside phosphates, nucleoside-3'-phosphates, nucleoside phosphoramidites, phosphoramidites, nucleoside phosphonates, phosphonates and the like. It is generally understood that nucleotide reagents carry a protected phosphate group in order to form a phosphodiester linkage.

A "solid support" includes a fixed organizational support matrix, such as silica, polymeric materials, or glass. In some embodiments, at least one surface of the substrate is partially planar. In other embodiments, it is desirable to physically separate regions of the substrate to delineate synthetic regions, for example, with trenches, grooves, wells or the like. Examples of solid substrates include slides, beads and chips.

The term "recombinant" when used with reference to a cell, animal, or virus indicates that the cell, animal, or virus encodes a foreign DNA or RNA. For example, recombinant cells optionally express nucleic acids (e.g., RNA) not found within the native (non-recombinant) form of the cell.

"Stringent" hybridization conditions are sequence dependent and will be different with different environmental parameters (e.g., salt concentrations, and presence of organics). Generally, stringent conditions are selected to be about 5° C to 20° C lower than the thermal melting point ( $T_m$ ) for the specific nucleic acid sequence at a defined ionic strength and pH. Preferably, stringent conditions are about 5° C to 10° C lower than the thermal melting point for a specific nucleic acid bound to a complementary nucleic acid. The  $T_m$  is the temperature (under defined ionic strength and pH) at which 50% of a nucleic acid (e.g., tag nucleic acid) hybridizes to a perfectly matched probe.

"Stringent" wash conditions are ordinarily determined empirically for hybridization of each set of tags to a corresponding probe array. The arrays are first hybridized (typically under stringent hybridization conditions) and then washed with buffers containing successively lower concentrations of salts, or higher concentrations of detergents, or at increasing temperatures until the signal to noise ratio for specific to non-specific hybridization is high enough to facilitate detection of specific hybridization. Stringent temperature conditions will usually include temperatures in excess of about 30° C, more usually in excess of about 37° C, and occasionally in excess of about 45° C. Stringent salt conditions will ordinarily be less than about 1000 mM, usually less than about 500 mM, more usually less than about 400 mM, typically less than about 300 mM, preferably less than about 200 mM, and more preferably less than about 150 mM. However, the combination of parameters is more important than the measure of any single parameter. See, e.g., Wetmur *et al.*, *J. Mol. Biol.* 31:349-70 (1966), and Wetmur, *Critical Reviews in Biochemistry and Molecular Biology* 26(34):227-59 (1991).

In a preferred embodiment, "stringent conditions" or "high stringency conditions," as defined herein, may be hybridization in 50% formamide, 5x SSC (0.75 M NaCl, 0.075 M sodium citrate), 50 mM sodium phosphate (pH 6.8),

0.1% sodium pyrophosphate, 5 x Denhardt's solution, sonicated salmon sperm DNA (50 g/ml), 0.1% SDS, and 10% dextran sulfate at 42°C, with washes at 42°C in 0.2x SSC (sodium chloride/sodium citrate) and 50% formamide at 55°C, followed by a high-stringency wash consisting of 0.1x SSC containing EDTA at 55°C.

The term "identical" in the context of two nucleic acid sequences refers to the residues that are identical, after aligning the sequences, and introducing or deleting gaps, if necessary to achieve the maximum percent identity, and not considering any conservative substitutions as part of the sequence identity. The local homology algorithm of Smith and Waterman (Smith *et al.*, *Adv. Appl. Math.* 2:482 (1981)) can conduct optimal alignment of sequences for comparison, *e.g.*, by the homology alignment algorithm of Needleman and Wunsch (Needleman *et al.*, *J. Mol. Biol.* 48:443 (1970)), by the search for similarity method of Pearson and Lipman (Pearson *et al.*, *Proc. Natl. Acad. Sci. USA* 85:2444 (1988)), by computerized implementations of these algorithms (GAP, BESTFIT, FASTA, and TFASTA in the Wisconsin Genetics Software Package, Genetics Computer Group, 575 Science Dr., Madison, WI), or by inspection.

In a preferred embodiment, the homology alignment algorithms employed in the BLAST program (Altschul *et al.*, *Nucleic Acids Res.* 25:3389-3402 (1997)) may be used. The BLAST family of programs allows all combinations of DNA or protein query sequences with searches against DNA or protein databases. Within the context of the present invention, the specific BLAST programs that may be utilized include: blastp, which compares an amino acid query sequence against a protein sequence database; blastn, which compares a nucleotide query sequence against a nucleotide sequence database; blastx, which compares the six-frame conceptual translation products of a nucleotide query sequences (both strands) against a protein sequence database; tblastn, which compares a protein query sequence against a nucleotide sequence database dynamically translated in all six reading frames (both strands); and tblastx, which compares the six-frame translations of a nucleotide query sequence against the six-frame translations of a nucleotide sequence database. For the blastn program, the following parameters and their default values are utilized: -G: cost to open a gap, default = 5; -E: cost to extend a gap, default = 2; -q: penalty for a mismatch in the blast portion of run, default = -3; -r: reward for a match in the blast portion of run, default = 1; -e: expectation value (E), default = 10.0; -W: word size, default is 11 for blastn, 3 for other programs; -v number of one-line descriptions (V), default = 100; and -b: number of alignments to show (B), default = 100.

A nucleic acid "tag" is a selected nucleic acid with a specified nucleic acid sequence. A nucleic acid "probe" hybridizes to a nucleic acid "tag." In one typical configuration, nucleic acid tags are incorporated as labels into biological libraries, and the tag nucleic acids are detected using an array of probes. A "list of tag nucleic acids" is a pool of tag nucleic acids, or a representation (*i.e.*, an electronic or paper copy) of the sequences in the pool of tag nucleic acids. The pool of tags can be, for instance, all possible tags of a specified length (*i.e.*, all 20-mers), or a subset thereof.

A set of nucleic acid tags binds to a probe with "minimal cross hybridization" when a single species (or "type") of tag in the tag set accounts for the majority of all tags which bind to an array comprising a probe species under stringent conditions. Typically, about 80% or more of the tags bound to the probe species are of a single

species under stringent conditions. Usually about 90% or more of the tags bound to the probe species are of a single species under stringent conditions. Preferably 95% or more of the tags bound to the probe species are of a single species under stringent conditions.

In certain embodiments of the invention the terms "differentially expressed gene," "expression," "gene expressions" and "expression products" include production of a gene RNA message or the RNA message produced or both. In certain other embodiments of the invention the terms "differentially expressed gene," "expression," "gene expression" and "expression products" include either translation of a mRNA into proteins, polypeptides or peptides, or to the produced proteins, polypeptides, or peptides themselves. In certain aspects of the invention a differentially expressed gene may be a gene whose expression is activated to a higher or lower level in a subject suffering a disease, specifically a cardiac, kidney or inflammatory disease state, relative to its expression in a normal or control subject. It is also understood that a differentially expressed gene may be either activated or inhibited at the nucleic acid level or protein level, for example, by a modulator, or may it be subject to alternative splicing to result in a different polypeptide product. Such differences may be evidenced by a change in mRNA levels, surface expression, secretion or other partitioning of a polypeptide, for example. Differential gene expression may include a comparison of expression between two or more genes, or a comparison of the ratios of the expression between two or more genes, or even a comparison of two differently processed products of the same gene, which differ between normal subjects and subjects suffering from a disease, specifically a cardiac, kidney or inflammatory disease state. Differential expression includes both quantitative, as well as qualitative, differences in the temporal or cellular expression pattern in a gene or its expression products among, for example, normal and diseased cells, or among cells which have undergone different disease events or disease stages.

"Modulation" relates to a change in the production of a differentially expressed gene RNA message or the RNA message produced or both. In particular embodiments of the invention, modulation of "differentially expressed genes," "gene expression," and "expression products" may refer to either a change in the translation of a gene RNA message into proteins, polypeptides or peptides, or to the produced proteins, polypeptides, or peptides themselves. A differentially expressed gene may have its expression modulated to a higher or lower level in a subject suffering or predisposed to a disease state, thus producing the desired therapeutic or prophylactic preventative effect. It is also understood that a differentially expressed gene may be either activated or inhibited at the nucleic acid level or protein level, for example, by a modulator. Modulators, within the context of the present invention also include an antibody to, an antibody to a cellular receptor of, an organic molecule inhibitor capable of binding to a cellular receptor of one or more of these differentially expressed genes, antisense, triple helix, or ribozyme methodologies, or the gene itself and variants thereof.

The term "label" refers to a composition detectable by spectroscopic, photochemical, biochemical, immunochemical, or chemical means. For example, useful nucleic acid labels include  $^{32}\text{P}$ ,  $^{35}\text{S}$ , fluorescent dyes, electron-dense reagents, enzymes (*e.g.*, as commonly used in an ELISA), biotin, dioxigenin, or haptens and proteins for which

antisera or monoclonal antibodies are available.

As used herein, "differentially expressed gene" (*i.e.*, target and diagnostic genes) or "interactive gene" also includes (a) a gene comprising at least one of the DNA sequences disclosed herein; (b) any DNA sequence that encodes the amino acid sequence encoded by the DNA sequences disclosed herein or contained within the coding region of the gene to which the DNA sequences disclosed here belong; (c) any DNA sequence that hybridizes to the complement of the coding sequences disclosed herein or contained within the coding region of the gene to which the DNA sequences disclosed herein belong under highly stringent conditions, *e.g.*, hybridization to filter-bound DNA in 0.5M NaHPO<sub>4</sub>, 7% sodium dodecyl sulfate (SDS), 1 mM EDTA at 65°C, and washing in 0.1x SSC/0.1% SDS at 68°C. (Ausubel *et al.*, eds., *Current Protocols in Molecular Biology*, J. Wiley and Sons (New York, NY 1993)) and encodes a gene product functionally equivalent to a gene product encoded by a gene of (a) above; (d) any DNA sequence that hybridizes to the complement of: the coding sequences disclosed herein, or contained within the coding region of the gene to which DNA sequences disclosed herein, belong under less stringent conditions, such as moderately stringent conditions, *e.g.*, washing in 0.2x SSC/0.1% SDS at 42°C. (Ausubel *et al.*, *supra*), yet which still encodes a gene product functionally equivalent to a gene product encoded by a gene of (a) above; or (e) the human or animal counterpart of such a gene determined by comparison of the sequence of such a gene, or portions thereof, to known sequence information, *e.g.*, the human GenBank database.

"Negative modulation," as used herein, refers to a reduction in the level or activity of target gene product relative to the level or activity of the target gene product in the absence of the modulatory treatment.

"Positive modulation," as used herein, refers to an increase in the level or activity of target gene product relative to the level or activity of target gene product in the absence of modulatory treatment.

The terms "treating" or "treatment," as used herein, refer to reduction or alleviation of at least one adverse effect or symptom of a disease, specifically cardiac, kidney or inflammatory disease, *e.g.*, a disorder or disease characterized by or associated with differential polypeptide activity or nucleic acid expression.

A "cell associated activity" refers to a normal or abnormal activity or function of a cell. Examples of cell associated activities include proliferation, migration, differentiation, production or secretion of molecules such as proteins, and cell survival. In a preferred embodiment, the cell may be a cardiac cell, *e.g.*, a cardiac myocyte or fibroblast.

The term "altered" relates to a change, *e.g.*, an increase or decrease, of a cell associated activity. In one embodiment, the agent stimulates polypeptide activity or nucleic acid expression. Examples of such stimulatory agents include an active gene protein, a nucleic acid molecule encoding differentially expressed gene that has been introduced into the cell, and a modulatory agent which stimulates polypeptide activity or differentially expressed gene expression and which is identified using the drug screening assays described herein.

The terms "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog

(SDF1a)", "peripheral benzodiazepine receptor", and "cellular ligand of annexin II (p11)" are used herein to encompass the respective native sequence polypeptides as well as their variants (which are further defined herein). The "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", and "cellular ligand of annexin II (p11)" polypeptides can be isolated from a variety of sources, such as from a variety of human tissue types, or prepared by recombinant and/or synthetic methods; all such polypeptides are specifically within the scope of the definition, regardless of their mode of preparation, and include variants thereof.

The terms "native sequence 1-8U", "native sequence prostacyclin-stimulating factor", "native sequence osf-2", "native sequence tissue specific mRNA protein", "native sequence insulin-like growth factor binding protein 6 (IGFBP-6)", "native sequence OSF-1", "native sequence gas-1", "native sequence YMP", "native sequence BTG2", "native sequence pre-B cell stimulating factor homolog (SDF1a)", "native sequence peripheral benzodiazepine receptor", and "native sequence cellular ligand of annexin II (p11)" refer to polypeptides having the same amino acid sequence as a respective polypeptide derived from nature. Such native sequence polypeptides can be isolated from nature or can be produced by recombinant and/or synthetic means. The term "native sequence" in conjunction with the designation of a particular polypeptide specifically encompasses naturally-occurring truncated or secreted forms (e.g., an extracellular domain sequence), as well as naturally occurring variant forms (e.g., alternatively spliced forms), and naturally occurring allelic variants of the named polypeptides. In one embodiment of the invention, the native sequence 1-8U polypeptide has the amino acid sequence of SEQ ID NO: 37, the native sequence prostacyclin stimulating factor has the amino acid sequence of SEQ ID NO: 38, the native sequence osf-2 has the amino acid sequence of SEQ ID NO: 39, the native sequence tissue specific mRNA protein has the amino acid sequence of SEQ ID NO: 40, the native sequence insulin-like growth factor binding protein 6 (IGFBP-2) has the amino acid sequence of SEQ ID NO: 41, the native sequence OSF-1 has the amino acid sequence of SEQ ID NO: 42, the native sequence gas-1 has the amino acid sequence of SEQ ID NO: 43, the native sequence YMP has the amino acid sequence of SEQ ID NO: 44, the native sequence BTG2 has the amino acid sequence of SEQ ID NO: 45, the native sequence SDF1a has the amino acid sequence of SEQ ID NO: 46, the native sequence peripheral benzodiazepin receptor has the amino acid sequence of SEQ ID NO: 47, and the native sequence cellular ligand of annexin II has the amino acid sequence of SEQ ID NO: 48.

The terms "variant" and "amino acid sequence variant" are used interchangeably and designate polypeptides in which one or more amino acids are added and/or substituted and/or deleted and/or inserted at the N- or C-terminus or anywhere within the corresponding native sequence, and which retain at least one activity (as defined below) of the corresponding native polypeptide. In various embodiments, a "variant" polypeptide usually has at least about 75% amino acid sequence identity, or at least about 80% amino acid sequence identity, preferably at least about 85% amino acid sequence identity, even more preferably at least about 90% amino acid sequence identity, and most

preferably at least about 95% amino acid sequence identity with the amino acid sequence of the corresponding native sequence polypeptide.

"Active" or "activity" for the purposes herein refers to form(s) of the "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptides which retain a qualitative biological and/or immunological property of a native sequence "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide.

The phrase "immunological property" means immunological cross-reactivity with at least one epitope of a "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide.

"Immunological cross-reactivity" means that the candidate polypeptide is capable of competitively inhibiting the qualitative biological activity of a "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide having this activity with polyclonal antisera raised against the known active "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide. The immunological cross-reactivity is preferably "specific", which means that the binding affinity of the immunologically cross-reactive molecule identified to the corresponding polypeptide herein is significantly higher (preferably at least about 2-times, more preferably at least about 4-times, most preferably at least about 6-times higher) than the binding affinity of that molecule to any other known native polypeptide.

The term "antagonist" is used in the broadest sense and includes any molecule that partially or fully blocks, inhibits or neutralizes a biological activity of a "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide disclosed herein. In a similar manner, the term "agonist" is used in the broadest sense and includes any molecule that mimics the biological activity of a "1-8U", "prostacyclin-stimulating factor", "osf-2", "tissue specific mRNA protein", "insulin-like growth factor binding protein 6 (IGFBP-6)", "OSF-1", "gas-1", "YMP", "BTG2", "pre-B cell stimulating factor homolog (SDF1a)", "peripheral benzodiazepine receptor", or "cellular ligand of annexin II (p11)" polypeptide disclosed herein.

The term "antibody" is used in the broadest sense and specifically covers anti-1-8U, anti-prostacyclin-stimulating factor, anti-osf-2, anti-tissue specific mRNA protein, anti-IGFBP-6, anti-OSF-1, anti-gas-1, anti-YMP, anti-BTG2, anti-SDF1a, anti-peripheral benzodiazepine receptor, and anti-cellular ligand of annexin intact monoclonal antibodies (including agonist, antagonist, and neutralizing antibodies), polyclonal antibodies, multi-specific antibodies (e.g., bispecific antibodies), as well as antibody fragments. The monoclonal antibodies specifically includes "chimeric" antibodies in which a portion of the heavy and/or light chain is identical with or homologous to corresponding sequences in antibodies derived from a particular species or belonging to a particular antibody class or subclass, while the remainder of the chain(s) is identical with or homologous to corresponding sequences in antibodies derived from another species or belonging to another antibody class or subclass, as well as fragments of such antibodies, so long as they exhibit the desired biological activity (U.S. Patent No. 4,816,567; Morrison *et al.*, *Proc. Natl. Acad. Sci. USA*, 81:6851-6855 (1984)). The monoclonal antibodies further include "humanized" antibodies or fragments thereof (such as Fv, Fab, Fab', F(ab')<sub>2</sub> or other antigen-binding subsequences of antibodies) which contain minimal sequence derived from non-human immunoglobulin. For the most part, humanized antibodies are human immunoglobulins (recipient antibody) in which residues from a CDR of the recipient are replaced by residues from a CDR of a non-human species (donor antibody) such as mouse, rat or rabbit having the desired specificity, affinity, and capacity. In some instances, Fv FR residues of the human immunoglobulin are replaced by corresponding non-human residues. Furthermore, humanized antibodies may comprise residues which are found neither in the recipient antibody nor in the imported CDR or framework sequences. These modifications are made to further refine and maximize antibody performance. In general, the humanized antibody will comprise substantially all of at least one, and typically two, variable domains, in which all or substantially all of the CDR regions correspond to those of a non-human immunoglobulin and all or substantially all of the FR regions are those of a human immunoglobulin sequence. The humanized antibody optimally also will comprise at least a portion of an immunoglobulin constant region (Fc), typically that of a human immunoglobulin. For further details, see Jones *et al.*, *Nature*, 321:522-525 (1986); and Reichmann *et al.*, *Nature*, 332:323-329 (1988). The humanized antibody includes a PRIMATIZED antibody wherein the antigen-binding region of the antibody is derived from an antibody produced by immunizing macaque monkeys with the antigen of interest.

"Antibody fragments" comprise a portion of an intact antibody, preferably the antigen binding or variable region of the intact antibody. Examples of antibody fragments include Fab, Fab', F(ab')<sub>2</sub>, and Fv fragments; diabodies; linear antibodies (Zapata *et al.*, *Protein Eng.* 8(10):1057-1062 (1995)); single-chain antibody molecules; and multispecific antibodies formed from antibody fragments.

## VI. IDENTIFICATION AND CHARACTERIZATION OF GENES DIFFERENTIALLY EXPRESSED IN DISEASE

The present invention relates to methods involving *in vivo* and *in vitro* models of a disease, specifically cardiac, kidney or inflammatory disease, coupled with sensitive and high throughput assays, preferably microarray assays, to identify genes differentially expressed in such diseases. The expression of the differentially expressed

genes of the present invention can be determined from peripheral blood, tissues, or cells of a subject. In a preferred embodiment, the genes of the present invention are differentially expressed in cells and peripheral blood relative to normal cells and peripheral blood or differentially expressed relative to cells and peripheral blood at different disease stages. In contrast to approaches that merely evaluate the expression of a given gene product presumed to play a role 5 in one or another of the various stages of a disease, the methodologies used herein permit the identification of all genes, whether known or novel, which are differentially expressed in association with a disease.

This comprehensive approach and evaluation permits the discovery of novel genes and gene products, as well as the identification of an array of genes and gene products (whether novel or known) involved in interactions that play a role in disease pathology. Thus, the present invention makes possible the identification and characterization of 10 methods and compositions useful for prognosis, diagnosis, monitoring, rational drug design, or other therapeutic intervention of a disease, specifically cardiac, kidney or inflammatory disease, and its disorders.

#### **A. IDENTIFICATION OF DIFFERENTIALLY EXPRESSED GENES**

A variety of methods can be utilized for the identification of genes involved in a disease, specifically cardiac, 15 kidney or inflammatory disease. Described below are experimental models, which can be utilized for the generation of biological samples that can be used for the identification of such genes. Samples generated in model categories can be characterized for the presence of differentially expressed gene sequences, as discussed below.

##### **1. Models For Identifying Differentially Expressed Genes**

Representative models of disease, specifically cardiac, kidney or inflammatory disease, states are described 20 herein. These models can be utilized within the context of the present invention, e.g., for the identification of genes which are differentially expressed in normal cells versus cells in a disease, specifically cardiac, kidney or inflammatory disease, state, in cells within different diseases, among cells within a single given disease state, in cells within different stages of a disease, or in cells within different time stages of a disease.

Once a particular differentially expressed gene has been identified through the use of one model, its 25 expression pattern can be further characterized, for example, by studying its expression in a different model. A gene may be regulated one way, i.e., the gene can exhibit one differential gene expression pattern, in a given model, but can be regulated differently in another model. The use, therefore, of multiple models can be helpful in distinguishing the roles and relative importance of particular genes in a disease, specifically cardiac, kidney or inflammatory disease.

###### *a. In Vivo Models*

In the *in vivo* model, animal models of a disease, specifically cardiac, kidney or inflammatory disease, and 30 related disorders, can be utilized to discover differentially expressed gene sequences. The *in vivo* nature of such disease models can prove to be especially predictive of the analogous responses in living patients, particularly human patients. Animal models for a disease, specifically cardiac, kidney or inflammatory disease, which can be utilized for *in vivo* models include any of the animal models described below. In a preferred embodiment, RNA from both the normal and disease state model is isolated and analyzed for differentially expressed genes using microarray analysis.

As presented in detail below, three representative *in vivo* cardiac disease models, a representative kidney disease model, and a representative inflammatory disease model have been successfully utilized to identify differentially expressed genes of the present invention. These genes are expressed at higher or lower levels in the disease state, relative to the normal state, and preferably are expressed at least about a two-fold higher or lower level relative to the normal state at at least one time point.

Representative *in vivo* animal models for use in the present invention include the following: general inflammation – carrageenan-induced paw edema, arachidonic acid-induced ear inflammation; arthritis – adjuvant-induced polyarthritis, collagen-induced arthritis, streptococcal cell wall-induced arthritis; multiple sclerosis - experimental autoimmune encephalomyelitis (EAE); Systemic Lupus Erythematosis (SLE); NZB – spontaneous SLE mouse, DNA/anti-DNA immune complex-induced SLE; insulin-dependent diabetes mellitus - NOD spontaneous diabetes mouse; inflammatory bowel disease – acetic acid or trinitrobenzene sulfonic (TNBS)-induced ulcerative colitis; respiratory disease – antigen-induced bronchoconstriction (asthma), lipopolysaccharide (LPS)-induced acute respiratory distress syndrome (ARDS); analgesia – acetic acid-induced or phenylquinone-induced writhing, latency of tail-withdrawal (hot plate); transplant organ rejection – allograft rejection (kidney, lung, heart)-acute and chronic arteriosclerosis; kidney disease – unilateral nephrectomy (acute renal failure), cyclosporin-induced nephropathy, accelerated crescentic anti-glomerular basement membrane (GBM) glomerulonephritis, soluble immune complex-induced nephritis (*see generally* Aziz, *Bioessays* 17:8 703-12 (1995)); and cardiac disease - spontaneous cardiomyopathic hamsters (heart failure), pacing-induced model of failure (Rieger model), arrhythmias following myocardial infarction (Harris model), aconitine/chloroform-induced arrhythmias, carotid artery injury (restenosis), balloon angioplasty (restenosis). One skilled in the art understands that the present invention is not limited to the *in vivo* models recited above and that any known models can be used within the context of the present invention.

*b. In Vitro Models*

Another model that can be utilized within the context of the present invention to discover differentially expressed gene sequences is the *in vitro* specimen model. In a preferred embodiment, the specimen model uses biological samples from subjects, *e.g.*, peripheral blood, cells and tissues, including surgical and biopsy specimens. Such specimens can represent normal peripheral blood and tissue or peripheral blood and tissue from patients suffering from a disease, specifically cardiac, kidney or inflammatory disease, or having undergone surgical treatment for disorders involving a disease, such as, for example, coronary bypass surgery. Surgical specimens can be procured under standard conditions involving freezing and storing in liquid nitrogen (*see Karmali et al., Br. J. Cancer* 48:689-96 (1983)). RNA from specimen cells is isolated by, for example, differential centrifugation of homogenized tissue, and analyzed for differential expression relative to other specimen cells, preferably using microarray analysis.

Cell lines can also be used to identify genes that are differentially expressed in a disease, specifically cardiac, kidney or inflammatory disease. Differentially expressed genes are detected, as described herein, by comparing the pattern of gene expression between the experimental and control conditions. In such models, genetically matched

disease cell lines (*e.g.*, variants of the same cell line) may be utilized. For example, the gene expression pattern of two variant cell lines can be compared, wherein one variant exhibits characteristics of one disease state while the other variant exhibits characteristics of another disease state.

Alternatively, two variant cell lines, both of which exhibit characteristics of the same disease, specifically cardiac, kidney or inflammatory disease, but which exhibit differing degrees of disease disorder severity may be used. Further, genetically matched cell lines can be utilized, one of which exhibits characteristics of a disease, specifically cardiac, kidney or inflammatory disease, state, while the other exhibits a normal cellular phenotype. In accordance with this aspect of the invention, the cell line variants are cultured under appropriate conditions, harvested, and RNA is isolated and analyzed for differentially expressed genes, as with the other models. In a preferred embodiment, microarray analysis is used.

#### **B. ANALYSIS OF MODEL SAMPLES**

The differentially expressed genes of the present invention can be identified by using a variety of methods, which are well known to those of skill in the art. For example, differential screening (Tedder *et al.*, *Proc. Natl. Acad. Sci. USA* 85:208-12 (1988)), subtractive hybridization (Hedrick *et al.*, *Nature* 308:149-53 (1984), Lee *et al.*, *Proc. Natl. Acad. Sci. USA* 88:2825 (1984)), and differential display (Liang *et al.*, U.S. Patent No. 5,262,311 (1993), which is incorporated herein by reference in its entirety), can be utilized to identify nucleic acid sequences derived from genes that are differentially expressed.

To use such techniques, RNA (either total or mRNA), can be isolated from cells utilized in models such as those described above. Any RNA isolation technique that does not select against the isolation of mRNA can be utilized for the purification of such RNA samples. *See, e.g.*, Ausubel *et al.*, *supra*. Additionally, large numbers of tissue samples can readily be processed using techniques well known to those of skill in the art, such as, for example, the single-step RNA isolation process of Chomczynski (U.S. Patent. No. 4,843,155, which is incorporated herein by reference in its entirety).

##### **1. Microarray Analysis**

In a preferred embodiment of the present invention, microarrays are utilized to assess differential expression of genes. In one aspect of the present invention, DNA microarrays preferably are utilized within the methods of the present invention to assess the expression profile of genes expressed in normal subjects and subjects suffering from a disease, specifically cardiac, kidney or inflammatory disease. Identification of the differentially expressed disease genes of the present invention can be performed by: constructing normalized and subtracted cDNA libraries from mRNA extracted from the cells or tissue of healthy animals and an animal model of disease or of healthy patients and diseased patients, *i.e.*, using any of the *in vitro* or *in vivo* models described herein; purifying the DNA of clones from cDNA libraries representing healthy and diseased cells or tissue, microarraying the purified DNA for expression analysis; and probing microarrays to identify the genes from the clones that are differentially expressed using labeled cDNA from healthy and diseased cells or tissues.

In a specific embodiment of the microarray technique, PCR amplified inserts of cDNA clones are applied to a substrate in a dense array. Preferably at least 10,000 nucleotide sequences are applied to the substrate. The microarrayed genes, immobilized on the microchip at 10,000 elements each, are suitable for hybridization under stringent conditions. Fluorescently labeled cDNA probes may be generated through incorporation of fluorescent nucleotides by reverse transcription of RNA extracted from tissues of interest. Labeled cDNA probes applied to the chip hybridize with specificity to each spot of DNA on the array. After stringent washing to remove non-specifically bound probes, the chip is scanned by confocal laser microscopy. Quantitation of hybridization of each arrayed element allows for assessment of corresponding mRNA abundance. With dual color fluorescence, separately labeled cDNA probes generated from two sources of RNA are hybridized pairwise to the array. The relative abundance of the transcripts from the two sources corresponding to each specified gene is thus determined simultaneously. The miniaturized scale of the hybridization affords a convenient and rapid evaluation of the expression pattern for large numbers of genes. Such methods have been shown to have the sensitivity required to detect rare transcripts, which are expressed at a few copies per cell, and to reproducibly detect at least approximately two-fold differences in the expression levels (*Schena et al., Proc. Natl. Acad. Sci. USA* 93(20):106-49 (1996)).

### 15 C. DETECTION OF DIFFERENTIALLY EXPRESSED GENES

In a specific embodiment, *in vivo* models of disease states were used to detect the differentially expressed genes of the present invention. By way of example, three representative cardiac disease models, a representative kidney disease model, and a representative inflammatory disease model were successfully utilized to identify specific differentially expressed genes. Summarizing the representative general protocol used for such *in vivo* models, separate 20 DNA libraries were constructed from mRNA extracted from disease state tissue and normal tissue. From these libraries, at least 20,000 unidentified cDNA clones were preferably chosen for analysis and microarrayed on chips. Probes generated from normal and disease tissue, from multiple time points, were hybridized to the microarray. By this approach, genes, which are differentially expressed in normal and diseased tissue, were revealed and further identified by DNA sequencing. The analysis of the clones for differential expression reveal genes whose expression is 25 elevated or decreased in association with a disease, specifically cardiac, kidney or inflammatory disease, in the specific *in vivo* model chosen.

#### 1. In Vivo Model of Cardiac Hypertrophy

In a representative example, an *in vivo* model of cardiac disease, specifically, cardiac hypertrophy, was used within the context of the present invention to discover differentially expressed disease state genes. Specifically, rats 30 with left ventricular hypertrophy (LVH) were produced essentially as described in Schunkert *et al.*, 1990, *supra*. LVH was induced by pressure overload as a result of constriction of the ascending aorta. A stainless steel clip of 0.6-mm internal diameter was placed on the aorta of anesthetized weanling rats. Control animals underwent thoracotomy as a sham operation. Animals recovered from surgery and appeared healthy until 20 weeks when a few animals were in demise likely due to heart failure, which typically occurs at this point (Schunkert *et al.*, 1990, *supra*). The animals

were sacrificed and hearts examined 10 weeks and 20 weeks post-operation. Hypertrophy was evident at both time points as determined by changes in left ventricle weight and thickness (Table 1), similar to the findings of others. Aortic banded rats and sham operated control animals were sacrificed and measured for heart weight, left ventricle (LV) weight, left ventricle thickness, and LV weight/body weight. There were 6 animals per group. Data are expressed as average with standard deviation in parentheses.

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Table 1

	Heart weight Grams (stdev)	LV weight Grams (stdev)	LV thickness Mm (stdev)	LV wt/body wt Mg/g (stdev)
<b>10 Week</b>				
Sham (n=6)	1.000 (0.112)	0.654 (0.052)	ND	1.675 (0.125)
Banded (n=6)	1.205 (0.074)	0.909 (0.052)	ND	2.269 (0.104)
P value	0.004	0.00001		0.000004
<b>20 Week</b>				
Sham (n=6)	1.053 (0.074)	0.734 (0.049)	1.700 (0.089)	1.610 (0.073)
Banded (n=6)	1.273 (0.293)	0.931 (0.260)	2.067 (0.258)	1.962 (0.344)
P value	0.1	0.1	0.008	0.03

LVH rats were examined for expression of ANP mRNA which, according to published data (Schunkert *et al.*, 1995, *supra*), should increase in the diseased animals. mRNA was extracted from the left ventricle of each animal and analyzed by Northern blot (Figure 1). ANP transcripts were significantly elevated (~5-fold) at 10 weeks and 20 weeks relative to normal. The levels of mRNA were examined for BNP (Figure 1), cardiac  $\alpha$ -actin (not shown) and  $\beta$ -myosin heavy chain (not shown) by Northern blot and, as expected, these were also elevated in the diseased animals. Blots were probed for cyclophilin transcripts to attest to equal loading of mRNA. This molecular and physical data confirm that the banded rats were pressure overloaded and responded with cardiac hypertrophy. Poly A+ mRNA was prepared from each of the animals, as described herein, for assessment of differentially expressed genes in the disease state, using microarray analysis in a preferred embodiment. A summary of the findings of the microarray analysis is provided in Figure 4, and described in detail below.

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## 2. In Vivo Model of Viral Myocarditis

In another representative example, an *in vivo* model of cardiac disease, specifically, viral myocarditis, was used within the context of the present invention.

CVB3 infection in mice results in myocardial disease progression, which was used as a model for examination of the pathogenesis of virus-induced human myocarditis. The virus is directly injurious to myocardial cells early following infection during the preinflammatory period as determined by light and electron microscopic cytological assessment (Arola *et al.*, *J. Med. Virol.* 47: 251-259 (1995); Chow *et al.*, *Lab. Invest.* 64: 55-64 (1991); McManus *et al.*, *Clin. Immunol. Immunopathol.* 68:159-169 (1993); Melnick *et al.*, *J. Expert. Med.* 93: 247-266 (1951)). Beginning by day 25 two post-infection cytopathic lesions are evident in ventricular myocytes, characterized by cell vacuolar changes,

contraction bands and coagulation necrosis (McManus *et al.*, *supra*). By day 5 post-infection this myocardial injury becomes obscured by inflammatory infiltrates, cellular calcification, and tissue edema.

A/J (*H-2<sup>d</sup>*) mice (Jackson Laboratories, Bar Harbor, Maine) were 4 weeks of age when received at St. Paul's Hospital Animal Care Facility, University of British Columbia. Mice were acclimatized for one week in a St. Paul's Hospital Animal Care Facility level 2 biohazard containment room prior to the onset of the experiment. Any mice that died naturally during the course of the disease were not included in groups of mice to be used for RNA extraction. Mice were euthanized by CO<sub>2</sub> narcosis.

Myocarditic CVB3 was kindly provided by Dr. Charles J. Gauntt (University of Texas, San Antonio, Texas) and was stored at -80°C. Virus was propagated in HeLa cells (American Type Tissue Culture Collection, Rockville, MD.) and is routinely titrated before the onset of all experiments using the plaque assay method, with modifications as previously described (Anderson *et al.*, *J. Virol.* 70: 4632-4645 (1996)).

Adolescent A/J mice were infected with 1x10<sup>5</sup> pfu of myocarditic CVB3 or PBS sham and euthanized on days 3, 9, and 30 post-infection. Ten to fifteen mice per group (CVB3 infected or sham injected) per time-point (days 3, 9, and 30) were euthanized and heart muscle was removed. Following a wash in sterile phosphate buffered saline, a small portion of the apex of the heart was removed and fixed in 4% paraformaldehyde. The remainder of the heart was flash frozen in liquid nitrogen and stored at -80°C for future RNA isolation.

Sections from the heart were fixed in fresh DPBS-buffered 4% paraformaldehyde overnight at 4°C. Fixed tissue was dehydrated in graded alcohols, cleared in xylene, embedded in paraffin, and sectioned for hematoxylin and eosin, and Masson's trichrome stains. Serial sections were also prepared for *in situ* hybridization and nick-end labelling stained. The extent and severity of virus-induced injury (including coagulation necrosis, contraction band necrosis, and cytopathic effects), inflammation, and tissue fibrosis and calcification was evaluated and scored as previously described (Chow *et al.*, *supra*).

*In situ* hybridization for CVB3 viral RNA localization was carried out as previously described (Anderson *et al.*, *supra*; Hohenadl *et al.*, *Mol. Cell. Probes* 5: 11-20 (1991)). Briefly, tissue sections were incubated overnight in hybridization mixture containing digoxigenin-labelled, CVB3 strand-specific riboprobes. Post-hybridization washing was followed by blocking with 2% normal lamb serum. A sheep anti-digoxigenin polyclonal antibody conjugated to alkaline phosphatase (Boehringer Mannheim PQ, Laval, Canada) was developed in Sigma-Fast nitroblue tetrazolium-BCIP [5-bromo-4-chloro-3-indolylphosphate tuluidinium] (Sigma Chemical Co.). The slides were counterstained in fresh carmalum and examined for reaction product by light microscopy. Poly A+ mRNA was prepared from each of the animals, as described herein, for assessment of differentially expressed genes in the disease states, using microarray analysis in a preferred embodiment. A summary of the findings of the microarray analysis is provided in Figure 4, and described in detail below.

### 3. *In Vivo Model of Myocardial Infarction*

#### a. *Left Ventricle Myocardial Infarction*

In yet another representative example, an *in vivo* model of cardiac disease, specifically, left ventricle myocardial infarction, was used within the context of the present invention. The rat myocardial infarct (MI) model used is described by Pfeffer *et al.*, *Circ. Res.* 57:84-95 (1985).

Male Sprague-Dawley rats at age 7-10 weeks were anesthetized with ketamine (80mg/kg. IP) and xylazine (10mg/kg. IP). The thorax and abdomen was shaved, after which the areas were scrubbed with providone-iodine and 70% isopropyl alcohol a minimum of three times, beginning at the incision line and continuing in a circular motion proceeding toward the periphery. The rats were intubated and placed on a respirator with room air at a rate of 55 breaths/min. A left thoracotomy was performed between the fourth and fifth ribs, after which the heart was exteriorized and the left anterior descending coronary artery (LAD) ligated with silk suture. The same surgical procedure was employed for sham-operated rats, however, the suture was passed through the left ventricular wall and the LAD was not occluded.

Following the surgical procedure, negative pressure in the thoracic was quickly reestablished and the wound closed with a purse-string suture using 3-0 non-absorbable suture material. Butorphanol (0.1mg/kg. SQ) was provided post surgery as a prophylactic analgesic. The rats were extubated when they recovered their gag reflex and allowed to recover in a warming chamber.

Seventy-five percent of the rats had large infarcts on their left ventricle free walls and perioperative mortality rate is about 50%, which is comparable to the published data. The heart weight as a percentage of body weight 3-4 weeks post-infarction is increased (see table).

**Table 2**

Group	No. of Rats	Heart Weight(mg)	Body Weight(g)	HW/BW (mg/g)
Sham	4	121.38 +/- 0.09	419.23 +/- 62.77	2.92 +/- 0.23
Large MI Infarction	5	141.83 +/- 0.74	414.06 +/- 49.94	3.54 +/- 0.40

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Tissue was collected 2 week, 4 week, 8 week, 12 week and 16 week post-surgery. Blood was collected the day before surgery and the day before sacrifice for measurement of plasma ANP level. On the day of necropsy, each heart was divided transversely into two halves so that the infarcted area is bisected. One half of the heart was used for histological evaluation, and the other for mRNA microarray analysis. Poly A + mRNA was prepared from each 25 of the animals, as described herein, for assessment of differentially expressed genes in the disease state, using microarray analysis in a preferred embodiment. A summary of the findings of the microarray analysis is provided in Figure 4, and described in detail below.

*b. Septum Myocardial Infarction*

In another representative example, septum tissue was obtained from diseased rat hearts obtained through 30 the left ventricle rat MI model of Pfeffer *et al.*, as described above. Poly A + mRNA was prepared from each of these septums, as described herein, for assessment of differentially expressed genes in the disease state, using microarray

analysis in a preferred embodiment. A summary of the findings of the microarray analysis is provided in Figure 4, and described in detail below.

#### 4. In Vivo Model of Kidney Disease

In yet another representative example, an *in vivo* model of kidney disease was used within the context of the present invention. The specific rat model used was an inherited form of autosomal dominant polycystic kidney disease (ADPKD) which develops in Han:SPRD rats (Kasparyan-Rittinghaus *et al.*, *Transplant Proc.* 6: 2582-3 (1990); Cowley *et al.*, *Kidney Int.* 43:522-34 (1993)). Renal cysts and renal failure were evident in six month old male heterozygous rats (Cy/+), whereas control rats (+/+) showed no sign of cysts or renal failure. Five diseased animals (Cy/+) and one normal (+/+) were sacrificed and the kidneys removed. For cDNA microarray analysis, poly A+ mRNA was prepared, as described previously, for assessment of differentially expressed genes in the disease state, using microarray analysis in a preferred embodiment. A summary of the findings of the microarray analysis is provided in Figure 4, and described in detail below.

#### 5. Microarray Production From Model DNA

In a preferred embodiment of the present invention, microarray analysis is performed on cDNA obtained from both the normal and disease state models to assess the presence of differentially expressed disease state genes. High quality DNA is important for the microarray printing process. DNA was generated by PCR amplification of the cDNA insert from clones. 10,000 clones per array were generally used. Indeed, it is preferable to use a robust method of template preparation, preferably accomplished in 96-well plates.

A microtiter plate protocol for PCR amplification of DNA and its subsequent purification was established that provides acceptable quality and quantity of DNA for printing on microarrays for use in a preferred embodiment of the present invention. Specifically, PCR primers were synthesized that amplify insert DNA from the vector pCR2.1, which was used for library construction. After 30 cycles of amplification each PCR product is passed over a gel filtration column to remove unincorporated primers and salts. To maintain robustness, the columns are packed in 96-well filter plates and liquid handling is performed robotically. The yield, per PCR reaction, is generally 2.5 µg, enough DNA for printing several hundred chips. Figure 2 shows a gel containing purified PCR products from a single plate of 96 rat cDNA clones. In some samples no amplified DNA was produced (*e.g.*, #37 and #44) and, in some cases, the size of the product indicated that the plasmid lacked an insert (*e.g.*, #49 and #61).

To test the quality of DNA that was prepared by this PCR method, 96 purified samples from a single microtiter plate were produced as a microarray. Using a robotic liquid handler (Biomek 2000, Beckman), 85 µl of PCR reaction mixture was aliquoted into each well of a thin walled, 0.2 ml 96-well plate. The reaction mixture contained 0.2 mM each dNTP, 1.25 units of Taq polymerase, and 1X Taq buffer (Boehringer Mannheim). Primers, 1 µm each, are from vector regions, which flank the cloning site of pCR2.1 and include a 5' primary amine with a 6 carbon linker to facilitate attachment of DNA product to the glass surface of the microarray chip. 1.0 µl of bacterial culture of individual cDNA clones was added to each well. PCR conditions are: 2 min., 95°C to denature, then 30 cycles of 95°,

30 sec. / 65°C, 40 sec. / 72°C, 1 min. 30 sec., and a final extension of 72°C, 5 min. using a MJResearch PTC 100 thermocycler.

PCR products were purified by gel filtration over Sephadryl 400 (Sigma). Briefly, 400 µl of pre-swollen Sephadryl 400 was loaded into each well of a 96-well filter plate (PallBiosupport) and spun into a collection plate at 5 800g for 1 min. Wells were washed 5 times with 0.2x SSC. PCR reaction mixtures were loaded onto the column and purified DNA (flow-thru) was collected at 800g for 1 min. Samples are dried down at 50° C overnight and arrayed.

Fluorescent probe pairs were synthesized by reverse transcription of poly A+ RNA using, separately, Cy3 dCTP and Cy5 dCTP (Amersham). In 16.5 µl, 1 µg poly A+ RNA and 2 µg of oligo dT 21mer, were denatured at 65°C, 5 min. and annealed at 25 ° C, 10 min. Reverse transcription was performed for 2 hours at 37°C with 10 Superscript RT (Life Technologies, Gaithersburg, MD) in 1x buffer, 10 units RNase block, 500 µM each dATP/dGTP/dTTP, 280 µM dCTP, 40 µM Cy5 or Cy3 dCTP, and 200 units RT. RNA is degraded in 0.1 M NaOH, 65°C for 10 min. Labeled cDNA was purified by successive filtration with Chroma Spin 30 spin columns (Clontech) following manufacturer's instructions. Samples were dried at room temperature in the dark using a covered Speed-Vac. Probes were applied to the test chip for hybridization and the data collected essentially as described in Schena *et al.*, *supra*. The intensity of hybridization signal at each element reflected the level of expression of the mRNA for each 15 gene in the rat ventricle. Digitized signal data was stored and prepared for analysis. The data from this experiment is presented in Figure 3.

Referring to Figure 3, positive signals were detected from most of the elements that contained DNA. A series of control DNA elements were included on each chip to ensure consistency in labeling and hybridization between 20 experiments and to aid in balancing the signal when two fluorescence channels are used. For each element hybridized with dual labeled probes, absolute and relative intensity of signal was determined. The results from these and other experiments indicate that these methods for production of template DNA and labeled cDNA probes are suitable for generating high quality microarrays within a preferred embodiment of the methods of the present invention. The evaluation of tens of thousands of genes for expression generates a large amount of data that can be manipulated by 25 commercially available software packages that facilitate handling this type and quantity of data. The expression data can be stored, analyzed, and sorted from each experiment using this software. In addition, expression of each clone can be tracked from experiment to experiment using known methodologies.

#### ***6. Preparation of Normalized cDNA Libraries for Microarray Analysis***

In one embodiment of the present invention, to capture as many different genes as possible without the necessity to include all such genes, clones may be randomly picked from a cDNA library, resulting in redundant selection of genes expressed at high and moderate abundance. It is estimated that 50% of all transcripts in a cell derive from ~400 genes (Bishop *et al.*, *Nature* 250(463):199-204 (1974)). Thus, random picking of 20,000 cDNA clones would represent roughly half that number of different genes, and rare transcripts may be underrepresented.

However, in a separate embodiment of the present invention, a greater number of different clones can be randomly chosen for microarray analysis if cDNA libraries produced from the models of the present invention are first normalized. Methods have been developed to construct libraries that bring the frequency of all clones to near equivalence (Soares *et al.*, *Proc. Natl. Acad. Sci. USA* 91(20):9228-32 (1994); Bonaldo *et al.*, *Genome Res.* 6(9):791-806 (1996)), thus minimizing redundant picking of prevalent clones. In addition, selecting clones from a normalized library also increases the likelihood of choosing clones of rare transcripts.

Following the method of (Bonaldo *et al.*, *supra*), a normalized version of a cDNA library was generated from normal tissue, cells or blood (*e.g.*, the left ventricle of normal rat). In a particular embodiment, poly A+ RNA was purified from the tissue samples provided by the *in vivo* disease models described above. A directionally cloned cDNA library was first generated by conventional methods. Briefly, double stranded cDNA was generated by priming first strand synthesis for reverse transcription using oligo dT primers which contain a Not I restriction site. After second strand synthesis, Xba I adapters are added to the 5' end of the cDNA, and the cDNA size was selected for > 500 bp and ligated into the corresponding restriction sites of phagemid vector pCR2.1 (Invitrogen, San Diego CA).

From the total cDNA library, a normalized library was generated as detailed elsewhere (Bonaldo *et al.*, *supra*) and described here briefly. Phagemid vector pCR2.1 contains an F1 origin of replication. Thus, the cDNA library can be propagated as single stranded phage with appropriate helper virus. Single stranded, circular DNA was extracted from the phage library and serves as "tester" DNA in the hybridization step of normalization. The other component of the hybridization, "driver" DNA, was generated from the library by PCR amplification using a set of primers specific for the region of the vector, which flanks the cloned inserts. Purified tester DNA (50 ng) and driver DNA (0.5 µg) was combined in 120 mM NaCl, 50% formamide, 10 mM Tris (pH 8.0), 5 mM EDTA, and 1% SDS. A pair of oligonucleotides (10 µg each), corresponding to polylinker sequence (same strand as tester DNA) which is present in the PCR product, was included in the hybridization reaction to block annealing of vector-specific sequences which are in common between tester and driver DNA.

The reaction mixture, under oil, was heated 3 min. at 80° C, and hybridization performed at 30° C for 24 hr (calculated C<sub>t</sub> ~5). Single stranded circles were purified from the reaction mixture by hydroxylapatite (HAP) chromatography, converted to double strand DNA, and electroporated into bacteria to yield a normalized cDNA library representative of genes expressed in the left ventricle of rat. To evaluate the effectiveness of the normalization protocol, the frequency of a few clones (ANP, BNP, actin, and myosin) was assessed in both in the starting library and the normalized library. The frequency of abundant cDNAs (actin and myosin) was reduced and roughly equivalent to rarer cDNA clones (ANP and BNP). Clone frequency in the two libraries was determined with standard screening techniques by immobilizing colonies onto nylon membranes and hybridizing with radiolabeled DNA probes.

Certain genes, unexpressed in a normal tissue and turned on in diseased tissue, may be absent from the normalized cDNA library generated from normal tissue. To obtain disease-specific clones to include on the microarray, one can repeat the normalization strategy outlined above using diseased tissue obtained from the appropriate disease

model. However, since most genes are expressed commonly between normal and diseased tissue, microarraying normalized libraries from diseased and normal tissue may introduce significant redundancy. In a preferred embodiment, clone redundancy is reduced, yet cDNAs are obtained which are expressed specifically, as well as substantially elevated, in diseased tissue. To obtain disease-specific cDNAs, a subtracted library can be made using protocols similar to those used to generate normalized libraries. Again, the method of Bonaldo *et al.*, *supra*, described here briefly is used.

To make a subtracted library, a total cDNA library is generated from the tissue obtained from the disease model (*e.g.*, left ventricle taken from a hypertrophic rat (10 week aortic banded)). The cDNA library is directionally cloned in pCR2.1 vector and single stranded tester DNA derived as described above for library normalization. The driver DNA is generated by PCR amplification of cloned inserts from the total cDNA library prepared from the left ventricle of normal rat. Hybridization occurs between sequences, which are in common to normal and diseased hearts. For this subtracted library, the reaction is driven more thoroughly (calculated  $C_o \sim 27$ ) than normalization by using more driver (1.5  $\mu$ g vs. 0.5  $\mu$ g) and longer hybridization time (48 hr vs. 24 hr). Purification of nonhybridized, single stranded circles by HAP chromatography, conversion to double strand DNA, and electroporation into bacteria yields a subtracted cDNA library enriched for genes which are expressed in diseased rat hearts. To test that the library is truly subtracted, colony hybridization is performed with probes for ANP, BNP, actin, and myosin. The subtracted library has a high frequency of ANP and BNP clones since they are elevated significantly in the hypertrophic rat heart. Actin and myosin clones are absent since they are expressed equally in normal and diseased left ventricle.

In use of an exemplary normalized library within the context of the present invention, from two rat left ventricle cDNA libraries, 30,000 clones are picked for microarraying. 25,000 clones are taken from the normalized library generated from normal rats, and 5,000 from the subtracted library made from hypertrophic rats. The subtracted library should be less complex (*i.e.*, fewer unique clones) than the normalized library, therefore, fewer clones need be picked. If, as estimated, only about 1% of all 20,000 genes are unique to the disease state, then the complexity would be only about 200, thus picking 5000 would likely yield a representative of each.

Preferably included on the microarray with the 30,000 unidentified genes are a set of known clones. Rat clones for the list of genes were isolated by PCR amplification from cDNA libraries using specific primer pairs. These known clones were included because they represent genes of particular interest and help evaluate the sensitivity of the microarray methodology. Indeed, any genes of particular interest may be included on such microarrays. By way of example, ANP, BNP, endothelin,  $\beta$ -myosin heavy chain, and  $\alpha$ -actin are genes that change expression levels in the LVH model, and thus they serve as useful positive controls in the *in vivo* model exemplified herein.

### 7. Alternative Screening Methods

In the examples disclosed herein, the differentially expressed genes preferably are detected by microarray methods; however, differential expression detected by any other means, including but not limited to RNA

diagnostic methods. Northern blotting, immunodetection, protein-protein interactions, biological activity and other methods known in the art fall within the scope of the present invention.

In an alternate embodiment of the present invention, the differentially expressed cardiac genes may be identified through the use of differential screening methods. Differential screening involves the duplicate screening of a cDNA library in which one copy of the library is screened with a total cell cDNA probe corresponding to the mRNA population of one cell type, while a duplicate copy of the cDNA library is screened with a total cDNA probe corresponding to the mRNA population of a second cell type. For example, one cDNA probe can correspond to a total cell cDNA probe of a cell type or tissue derived from a control subject, while the second cDNA probe can correspond to a total cell cDNA probe of the same cell type derived from an experimental subject. Clones hybridizing to one probe, but not to the other, potentially represent clones derived from genes differentially expressed in the cell type of interest in control versus experimental subjects.

Subtractive hybridization techniques generally involve the isolation of mRNA taken from two different sources, *e.g.*, control and experimental tissue, the hybridization of the mRNA or single-stranded cDNA reverse-transcribed from the isolated mRNA, and the removal of all hybridized, and therefore double-stranded, sequences. The remaining non-hybridized, single-stranded cDNAs, potentially represent clones derived from genes that are differentially expressed in the two mRNA sources. Such single-stranded cDNAs are then used as the starting material for the construction of a library comprising clones derived from differentially expressed genes.

The differential display technique describes a procedure, utilizing PCR (U.S. Patent No. 4,683,202, incorporated herein by reference), which allows for the identification of sequences derived from genes which are differentially expressed. First, isolated RNAs are reverse-transcribed into single-stranded cDNA, using standard techniques known to those of skill in the art. Primers for the reverse transcriptase reaction can include, but are not limited to, oligo dT-containing primers, preferably of the 3' primer type of oligonucleotide described below. Next, this technique uses pairs of PCR primers, as described below, which allow for the amplification of clones representing a random subset of the RNA transcripts present within any given cell. Using different pairs of primers allows each of the mRNA transcripts present in a cell to be amplified. Among such amplified transcripts can be identified those which have been produced from differentially expressed genes.

The pattern of clones resulting from the reverse transcription and amplification of the mRNA of two different cell types is displayed via sequencing gel electrophoresis and compared. Differences in the two banding patterns indicate potentially differentially expressed genes.

Once potentially differentially expressed gene sequences have been identified using techniques such as those described above, the differential expression of such putatively differentially expressed genes may be corroborated. Corroboration can be accomplished via, for example, such well-known techniques as Northern analysis, quantitative RT-coupled PCR, microarrays, or RNase protection. The differentially expressed genes can be further characterized, and can be identified as target or diagnostic genes, as discussed below.

### 8. Detection of Differentially Expressed Genes Using Microarray Analysis

Using cDNA obtained from the representative *in vivo* cardiac hypertrophy model, the *in vivo* viral myocarditis model, the *in vivo* left ventricle myocardial infarction model, the *in vivo* septum myocardial infarction model, and the *in vivo* kidney disease model, microarrays were constructed and probed as described above.

Figure 4 provides a detailed summary of the characteristics of twelve representative differentially expressed disease genes of the present invention. The expression data provided relates to the counterpart gene expressed in the *in vivo* models described *supra*, and shows the differential expression data of representative genes obtained through the disease models of the present invention and determined via microarray analysis.

Specifically, Figure 4 provides the clone identification number for the differentially expressed model gene. As discussed in detail below, and as shown in Figure 4, those representative disease model differentially expressed genes were found to correspond to human genes encoding 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA, insulin-like growth factor binding protein 6, OSF-1, gas-1, YMP, BTG2, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11). As disclosed in detail above, probes were applied to the microarrays for hybridization and the data collected essentially as described in Schena *et al.*, *supra*. The intensity of hybridization signal at each element reflected the level of expression of the mRNA for each gene. For each element hybridized with dual labeled probes, absolute and relative intensity of signal is determined, which translates into the relative expression levels of the subject genes. The numeric data provided in Figure 4 reflects the relative expression level of the gene in the disease state as compared to the expression level of the gene in the normal, or non-disease state, in the five representative disease state models delineated above and as determined by microarray analysis. Specifically, the data shown in Figure 4 provides a positive or negative multiple of the expression level of the gene in the disease state, as compared to the normal state in the representative models.

Data are reported as differential expression values with positive numbers indicative of genes expressed at higher levels in the diseased tissue relative to normal tissue, and negative values indicative of lower expression in disease. Data are the average values from multiple experiments performed with separate DNA arrays ( $n=4$  for MI left ventricle and septum,  $n=2$  for viral myocarditis,  $n=2$  for LVH, and  $n=1$  for PKD). Array probes were generated from RNA pooled from multiple animals ( $n=4$  for MI,  $n=10-15$  for myocarditis,  $n=3$  for LVH, and  $n=1$  for PKD).

The data also reflects expression levels of genes in certain disease models over various time points. For example, gene expression in the myocardial infarction model was compared at 2, 4, 8, 12, and 16 weeks for the representative genes in the disease state versus the normal state. Indeed, such experimentation provides valuable data regarding the temporal relationship of gene expression levels in disease states and provides important insights regarding the treatment, diagnosis, and modulation of differentially expressed disease state genes, as discussed in detail *infra*.

One to two percent of the clones assayed on microarrays were found to be differentially expressed. Secondary chips may be used for more extensive hybridizations, including examination of individual animals, and more

thorough evaluation of time points. In a preferred embodiment, clones that reproducibly scored in microarray analysis to be at least about two-fold elevated or decreased were microarrayed on separate secondary chips and their expression levels determined. It is understood, however, that differentially expressed genes exhibiting less than about a two-fold change in expression, e.g., less than one, one-half, or one-quarter, or greater than about a two-fold change in expression, e.g., greater than three, five, ten, twenty, one hundred-fold, or one thousand-fold, are within the scope of the present invention.

#### **9. Identification of Differentially Expressed Human Genes**

In a preferred embodiment of the present invention, and as discussed in detail above, models of disease states were used to find differentially expressed genes through microarray analysis. Amplified sequences of differentially expressed cDNA obtained through microarray analysis can be used to isolate the full-length clones of the corresponding gene. The full-length coding portion of the gene can readily be isolated, without undue experimentation, by molecular biological techniques well known in the art. For example, the isolated differentially expressed amplified fragment can be labeled and used to screen a cDNA library. Alternatively, the labeled fragment can be used to screen a genomic library.

PCR technology can also be utilized to isolate full-length cDNA sequences. As described above, the isolated amplified gene fragments (of about at least 10 nucleotides, preferably longer, of about 15 nucleotides) obtained through differential display have their 5' terminal end at some random point within the gene and have 3' terminal ends at a position corresponding to the 3' end of the transcribed portion of the gene. Once nucleotide sequence information from an amplified fragment is obtained, the remainder of the gene (*i.e.*, the 5' end of the gene, when using differential display) can be obtained using, for example, RT PCR.

In one embodiment of such a procedure for the identification and cloning of full-length gene sequences, RNA can be isolated following standard procedures from an appropriate tissue or cellular source. A reverse transcription reaction can then be performed on the RNA using an oligonucleotide primer complementary to the mRNA that corresponds to the amplified cloned fragment, for the priming of first strand synthesis. Because the primer is anti-parallel to the mRNA, extension will proceed toward the 5' end of the mRNA. The resulting RNA/DNA hybrid can then be tailed with guanines using a standard terminal transferase reaction, the hybrid can be digested with RNase H, and second strand synthesis can then be primed with a poly-C primer. Using the two primers, the 5' portion of the gene is then amplified using PCR. Sequences obtained can then be isolated and recombined with previously isolated sequences to generate a full-length cDNA of the differentially expressed genes of the invention. For a review of cloning strategies and recombinant DNA techniques that can be used, see, e.g., Sambrook *et al.*, *Molecular Cloning, A Laboratory Manual*, Cold Springs Harbor Press (Cold Springs Harbor, NY 1989) and Ausubel *et al.*, *supra*.

Amplification of nucleic acids from samples is sometimes desirable and can be accomplished by, e.g., PCR. See generally Erlich, ed., *PCR Technology Principles and Applications for DNA Amplification*, Freeman Press (New York, NY 1992); Innis *et al.*, eds., *PCR Protocols A Guide to Methods and Applications*, Academic Press Inc. (San

Diego, CA 1990); Mattila *et al.*, *Nucleic Acids Res.* 19:4967 (1991); Eckert *et al.*, *PCR Methods and Applications* 1:17 (1991), McPherson *et al.*, eds., *PCR*, IRL Press (Oxford); and U.S. Patent No. 4,683,202.

Other suitable amplification methods include the ligase chain reaction (LCR) (see Wu *et al.*, *Genomics* 4:560 (1989), Landegren *et al.*, *Science* 241:1077 (1988)), transcription amplification (Kwoh *et al.*, *Proc. Natl. Acad. Sci. USA* 86:1173 (1989)), and self-sustained sequence replication (Guatelli *et al.*, *Proc. Nat. Acad. Sci. USA*, 87:1874 (1990)) and nucleic acid based sequence amplification (NASBA).

Representative differentially expressed clones obtained from the microarray analysis of DNA obtained from the disease models were sequenced and compared, in a preferred embodiment, to known human gene sequence databases for matches to known human genes (see Figures 5, 6, 7, and 8). Clones, which show no matches to known genes, may require more thorough sequence analysis to search for structural motifs that indicate function.

In a representative sample, twelve differentially expressed disease genes identified by the methods of the present invention were sequenced and compared with human gene nucleotide sequences in the GenBank database. The nucleotide sequences of those twelve representative differentially expressed genes and their human gene counterparts obtained through the GenBank database are provided in Figure 5. In instances where the differentially expressed genes of the present invention were identical to a known rat gene nucleotide sequence, the known sequence is used for comparison. Specifically, Figure 5 shows alignment data comparing the cDNA encoding the representative differentially expressed genes discovered through the microarray analysis of the present invention with human cDNA sequences in the GenBank database, which correspond to the human proteins 1-8U (SEQ ID NO:1; SEQ ID NO:2), prostacyclin-stimulating factor (SEQ ID NO:3; SEQ ID NO:4), osf-2 (SEQ ID NO:5; SEQ ID NO:6), tissue specific mRNA (SEQ ID NO:7; SEQ ID NO:8), insulin-like growth factor binding protein 6 (SEQ ID NO:9; SEQ ID NO:10), OSF-1 (SEQ ID NO:11; SEQ ID NO:12), gas-1 (SEQ ID NO:13; SEQ ID NO:14), YMP (SEQ ID NO:15; SEQ ID NO:16), BTG2 (SEQ ID NO:17; SEQ ID NO:18), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:19; SEQ ID NO:20), peripheral benzodiazepine receptor (SEQ ID NO:21; SEQ ID NO:22), and cellular ligand of annexin II (p11) (SEQ ID NO:23; SEQ ID NO:24), respectively.

The complementary nucleic acid sequences of these human genes and their expression products may be used in all embodiments of the present invention. Indeed, all or a portion of the DNA sequences of differentially expressed genes discovered through the methods of the present invention may be found to correspond to known genes or, for example, ESTs or SNPs. In instances where a complete human gene is not found to directly correspond to the differentially expressed genes of the present invention, yet a portion of a known gene, EST, or SNP does correspond, one skilled in the art may preferably elucidate the complete corresponding human gene and/or the differentially expressed gene, or portions thereof, using known methods. This, in turn, may allow for elucidation of the complete differentially expressed human or model gene, which may be used in the methods described *infra*.

Figure 6 shows alignment data comparing human cDNA sequences in the GenBank database with multiple cDNA clones encoding the differentially expressed genes discovered through the microarray analysis of the present

invention, which correspond to the human proteins 1-8U, tissue specific mRNA, YMP, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11). Start and stop codons are underlined.

Figure 7 shows the nucleotide sequences encoding the polypeptides corresponding to the human genes 1-8U (SEQ ID NO:25), prostacyclin-stimulating factor (SEQ ID NO:26), osf-2 (SEQ ID NO:27), tissue specific mRNA (SEQ ID NO:28), insulin-like growth factor binding protein 6 (SEQ ID NO:29), OSF-1 (SEQ ID NO:30), gas-1 (SEQ ID NO:31), YMP (SEQ ID NO:32), BTG2 (SEQ ID NO:33), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:34), peripheral benzodiazepine receptor (SEQ ID NO:35), and cellular ligand of annexin II (p11) (SEQ ID NO:36).

Figure 8 shows the amino acid sequences of the polypeptides corresponding to 1-8U (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48).

Figure 9 shows the characteristics of the human cDNA corresponding to the human proteins 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA, insulin-like growth factor binding protein 6, OSF-1, gas-1, YMP, BTG2, pre-B cell stimulating factor homolog (SDF1a), peripheral benzodiazepine receptor, and cellular ligand of annexin II (p11). Specifically, Figure 9 provides the GenBank identification number for each of the human genes corresponding to the differentially expressed genes discovered through microarray analysis, the size of the cDNA of each gene, the coding sequence (CDS), the number of amino acids in the encoded human protein, whether or not the human protein has a signal sequence, and whether or not the human protein is a transmembrane protein.

### VIII. USE OF DIFFERENTIALLY EXPRESSED GENES

The identified differentially expressed genes may in turn be used to design specific oligonucleotide probes and primers. In certain preferred embodiments, the term "primer" as used here includes any nucleic acid capable of priming template-dependent synthesis of a nascent nucleic acid. In certain other embodiments, the nucleic acid may be able to hybridize a template, but not be extended for synthesis of nascent nucleic acid that is complementary to the template.

In certain embodiments of the present invention the term "template" may refer to a nucleic acid that is used in the creation of a complementary nucleic acid strand to the "template" strand. The template may be either RNA or DNA, and the complementary strand may also be RNA or DNA. In certain embodiments the complementary strand may comprise all or part of the complementary sequence to the template, or may include mutations so that it is not an exact, complementary strand to the template. Strands that are not exactly complementary to the template strand may hybridize specifically to the template strand in detection assays described here, as well as other assays known in the art, and such complementary strands that can be used in detection assays are part of the invention.

When used in combination with nucleic acid amplification procedures, these probes and primers enable the

rapid analysis of cell, tissue, or peripheral blood samples. In certain aspects of the invention, the term "amplification" may refer to any method or technique known in the art or described herein for duplicating or increasing the number of copies or amount of a target nucleic acid or its complement. The term "amplicon" refers to the target sequence for amplification, or that part of a target sequence that is amplified, or the amplification products of the target sequence being amplified. In certain other embodiments, an "amplicon" may include the sequence of probes or primers used in amplification. This analysis assists in detecting and diagnosing a disease, specifically cardiac, kidney or inflammatory disease, and in determining optimal treatment courses for individuals at varying stages of disease progression.

In light of the present disclosure, one skilled in the art may select segments from the identified genes for use in detection, diagnostic, or prognostic methods, vector constructs, antibody production, kits, or any of the 10 embodiments described herein as part of the present invention. For example, in certain embodiments in which one may be practicing for the identification of a differentially expressed gene of the present invention, the sequences selected to design probes and primers may include repetitive stretches of adenine nucleotides (poly-A tails) normally attached at the ends of the RNA for the identified differentially expressed gene. In certain other embodiments, probes and primers may be specifically designed to not include these or other segments from the identified genes, as one of 15 ordinary skill in the art may deem certain segments more suitable for use in the detection methods disclosed.

For example, where a genomic sequence is disclosed, one may use sequences that correspond to exon regions of the gene in most cases. One skilled in the art may select segments from the published exon sequences, or may assemble them into a reconstructed mRNA sequence that does not contain intronic sequences. Indeed, one skilled in the art may select or assemble segments from any of the identified gene sequences into other useful forms, such as 20 coding segment reconstructions of mRNA sequences from published genomic sequences of the identified differentially expressed genes, as part of the present invention. Such assembled sequences would be useful in designing probes and primers, as well as providing coding segments for protein translation and for detection, diagnosis, and prognosis 25 embodiments of the invention described herein.

Primers can be designed to amplify transcribed portions of the differentially expressed genes of the present 25 invention that would include any length of nucleotide segment of the transcribed sequences, up to and including the full length of each gene. It is preferred that the amplified segments of identified genes be an amplicon of at least about 50 to about 500 base pairs in length. It is more preferred that the amplified segments of identified genes be an amplicon of at least about 100 to about 400 base pairs in length, or no longer in length than the amplified segment used to normalize the quantity of message being amplified in the detection assays described herein. Such assays include RNA 30 diagnostic methods, however, differential expression may be detected by other means, and all such methods would fall within the scope of the present invention. The predicted size of the gene segment, calculated by the location of the primers relative to the transcribed sequence, would be used to determine if the detected amplification product is indeed the gene being amplified. Sequencing the amplified or detected band that matches the expected size of the amplification product and comparison of the band's sequence to the known or disclosed sequence of the gene would

confirm that the correct gene is being amplified and detected.

The identified differentially expressed genes may also be used to identify and isolate full-length gene sequences, including regulatory elements for gene expression, from genomic human DNA libraries. The cDNA sequences or portions thereof, identified in the present disclosure may be used as hybridization probes to screen genomic human DNA libraries by conventional techniques. Once partial genomic clones have been identified, "chromosomal walking" may isolate full-length genes (also called "overlap hybridization"). See Chinault *et al.*, *Gene* 5:111-26 (1979). Once a partial genomic clone has been isolated using a cDNA hybridization probe, nonrepetitive segments at or near the ends of the partial genomic clone may be used as hybridization probes in further genomic library screening, ultimately allowing isolation of entire gene sequences for the disease, specifically cardiac, kidney or inflammatory disease, state genes of interest. It will be recognized that full length genes may be obtained using small ESTs via technology currently available and described in this disclosure (Sambrook *et al.*, *supra*; Chinault *et al.*, *supra*). Sequences identified and isolated by such means may be useful in the detection of disease genes using the detection and diagnostic methods described herein, and are part of the invention.

The identified genes may be used to identify and isolate cDNA sequences. The sequences, or portions thereof, identified in the present disclosure may be used as hybridization probes to screen human cDNA libraries by conventional techniques. Comparison of cloned cDNA sequences with known human or animal cDNA or genomic sequences may be performed using computer programs and databases known in the art. Figure 5 provides a detailed comparison of the sequence similarity between the twelve representative genes of the present invention and their human counterparts. The nucleotide sequences of clones derived from the models of disease disclosed herein were matched to known human genes among the GenBank database.

## IX. METHODS FOR THE IDENTIFICATION OF INTERACTIVE GENES

Any method suitable for detecting protein-protein interactions can be employed for identifying interactive gene products by identifying interactions between gene products and the differentially expressed genes of the present invention. An interactive gene can be differentially expressed and, therefore, can have the characteristics of a target or diagnostic gene. Differentially expressed gene products can be cellular or extracellular proteins. Those gene products that interact with such known gene products represent interactive gene products and the genes that encode them represent interactive genes.

Among the traditional methods employed are co-immunoprecipitation, cross-linking and co-purification through gradients or chromatographic columns. Using procedures such as these allows for the identification of interactive gene products. Once identified, an interactive gene product can be used, in conjunction with standard techniques, to identify its corresponding interactive gene. For example, at least a portion of the amino acid sequence of the interactive gene product can be ascertained using techniques well known to those of skill in the art, such as the Edman degradation technique (see, e.g., Creighton, *Proteins: Structures and Molecular Principles*, W. H. Freeman & Co. (New York, NY 1983), pp. 34-49). The amino acid sequence obtained can be used as a guide for the generation of

oligonucleotide mixtures that can be used to screen for interactive gene sequences. Screening can be accomplished, for example, by standard hybridization or PCR techniques. Techniques for the generation of oligonucleotide mixtures and the screening are well known. See, e.g., Ausubel *et al.*, *supra*, and Innis *et al.*, *supra*.

5 Additionally, methods can be employed which result in the simultaneous identification of interactive genes that encode the protein interacting with a protein involved in a disease, specifically cardiac, kidney or inflammatory disease. These methods include, for example, probing expression libraries with a labeled protein known or suggested to be involved in a disease, using this protein in a manner similar to the well known technique of antibody probing of  $\lambda$ gt11 libraries.

10 One method that detects protein interactions *in vivo*, the yeast two-hybrid system, is described in detail for illustration only and not by way of limitation. One version of this system has been described (Chien *et al.*, *Proc. Natl. Acad. Sci. USA* 88: 9578-82 (1991)) and is commercially available from Clontech (Palo Alto, CA).

15 Briefly, to utilize the system, plasmids are constructed that encode two hybrid proteins: the first hybrid protein consists of the DNA-binding domain of a transcription factor (e.g., activation protein) fused to a known protein, in this case, a protein known to be involved in a disease, specifically cardiac, kidney or inflammatory disease; the second hybrid protein consists of the transcription factor's activation domain fused to an unknown protein that is encoded by a cDNA which has been recombined into this plasmid as part of a cDNA library. The plasmids are transformed into a strain of the yeast *Saccharomyces cerevisiae* that contains a reporter gene (e.g., *lacZ*) whose expression is regulated by the transcription factor's binding site. Either hybrid protein alone cannot activate transcription of the reporter gene. The DNA binding hybrid protein cannot activate transcription because it does not provide the activation domain function and the activation domain hybrid protein cannot activate transcription because it lacks the domain required for binding to its target site (e.g., it cannot localize to the transcription activator protein's binding site). Interaction between the DNA binding hybrid protein and the library encoded protein reconstitutes the functional transcription factor and results in expression of the reporter gene, which is detected by an assay for the reporter gene product.

25 The two-hybrid system or related methodology can be used to screen activation domain libraries for proteins that interact with a known "bait" gene product. By way of example, gene products known to be involved in a disease, specifically cardiac, kidney or inflammatory disease, can be used as the bait gene products. Total genomic or cDNA sequences are fused to the DNA encoding an activation domain. This library and a plasmid encoding a hybrid of the bait gene product fused to the DNA-binding domain are co-transformed into a yeast reporter strain, and the resulting transformants are screened for those that express the reporter gene. For example, the bait gene can be cloned into a vector to translationally fuse to the DNA encoding the DNA-binding domain of the protein. The colonies are purified and the (library) plasmids responsible for reporter gene expression are isolated. The inserts in the plasmids are sequenced to identify the proteins encoded by the cDNA or fragments into a vector such that they are translationally fused to the activation domain of GAL4 generates the

library. This library can be co-transformed along with the bait gene-GAL4 fusion plasmid into a yeast strain which contains a *lacZ* gene whose expression is controlled by a promoter which contains a GAL4 activation sequence. A cDNA encoded protein fused to GAL4 activation domain that interacts with the bait gene product will reconstitute an active GAL4 transcription factor and thereby drive expression of the *lacZ* gene. Colonies expressing *lacZ* can be detected by their blue color in the presence of X-gal. cDNA containing plasmids from such a blue colony can then be purified and used to produce and isolate the bait gene product interacting protein using techniques routinely practiced in the art. Once an interactive gene has been identified and isolated, it can be further characterized, for example, as discussed below.

#### X. CHARACTERIZATION OF DIFFERENTIALLY EXPRESSED GENES

Differentially expressed genes and interactive genes, as well as genes identified by alternative means, can be further characterized by utilizing methods such as those discussed herein. Analyses such as those described herein yield information regarding the biological function of the identified genes. An assessment of the biological function of the differentially expressed genes, in addition, can lead to their designation as target or diagnostic genes.

Specifically, any of the differentially expressed genes whose further characterization indicates that a modulation of the gene's expression or a modulation of the gene product's activity can inhibit or treat a disease, specifically cardiac, kidney or inflammatory disease, can be designated "target genes" as defined above. Such target genes and target gene products, along with those discussed below will constitute the focus of the compound discovery strategies discussed below. Further, such target genes, target gene products or modulating compounds can be used as part of disease treatment methods described below.

Any of the differentially expressed genes whose further characterization indicates that such modulations do not positively affect a disease, specifically cardiac, kidney or inflammatory disease, but whose expression pattern contributes to a gene expression "diagnostic" pattern correlative of a disease can be designated a "diagnostic gene." "Diagnostic patterns" are discussed below. Each of the target genes may also function as diagnostic genes, as can all or a portion of the interactive genes.

The interactive genes may also be characterized according to techniques such as those described herein. Those interactive genes which yield information indicating that they are differentially expressed and that modulation of the gene's expression or a modulation of the gene product's activity can inhibit a disease, specifically cardiac, kidney or inflammatory disease, or ameliorate a disease associated symptom can also be designated target genes. Such target genes and target gene products, along with those discussed above, may constitute the focus of the compound discovery strategies and treatment methods described below.

The characterization of one or more of the interactive genes can reveal a lack of differential expression, yet evidence that modulation of the gene's activity or expression can nonetheless ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease. In such cases, these genes and gene products may also be considered a focus of the compound discovery strategies and treatment methods of the present invention.

Where an interactive gene's characterization indicates that modulation of gene expression or gene product activity cannot retard or treat the disease but is differentially expressed and contributes to a gene expression diagnostic pattern correlative of a disease or its disorders, such interactive genes can additionally be designated as diagnostic genes.

5       A variety of techniques can be utilized to further characterize the identified genes. First, the nucleotide sequence of the identified genes, which can be obtained by utilizing standard techniques well known to those of skill in the art, can be used to further characterize such genes. For example, the sequence of the identified genes can reveal homologies to one or more known sequence motifs, which can yield information regarding the biological function of the identified gene product.

10      Second, an analysis of the tissue or cell type distribution of the mRNA produced by the identified genes can be conducted, utilizing standard techniques well known to those of skill in the art. Such techniques can include, for example, Northern analyses, microarrays, RT-coupled PCR, and RNase protection techniques. In a preferred embodiment, microarrays are utilized. Such analyses provide information as to whether the identified genes are expressed in tissues expected to contribute to a disease, specifically cardiac, kidney or inflammatory disease. These 15 techniques can also provide quantitative information regarding steady state mRNA regulation, yielding data concerning which of the identified genes exhibits a high level of regulation preferably in tissues which can be expected to contribute to a disease state.

20      Additionally, standard *in situ* hybridization techniques can be utilized to provide information regarding which cells within a given tissue express the identified gene. Specifically, these techniques can provide information regarding the biological function of an identified gene relative to a disease, specifically cardiac, kidney or inflammatory disease, where only a subset of the cells within the tissue is thought to be relevant to the disorder.

25      Third, the sequences of the identified genes can be used, utilizing standard techniques, to place the genes onto genetic maps, e.g., mouse (Copeland *et al.*, *Trends in Genetics* 7:113-18 (1991)) and human genetic maps (Cohen *et al.*, *Nature* 266:698-701 (1993)). This mapping information can yield information regarding the genes' importance to human disease by identifying genes that map within genetic regions to which known genetic disease disorders map.

        Fourth, using relevant *in vivo* and *in vitro* systems can more directly assess the biological function of the identified genes. *In vivo* systems can include animal systems that naturally exhibit symptoms of a disease, specifically cardiac, kidney or inflammatory disease, or ones engineered to exhibit such symptoms as detailed *infra*.

30      The role of identified gene products (e.g., OSF-1 gene products) can be determined by transfected cDNAs encoding these gene products into appropriate cells or cell lines, such as, biopsy specimens from patients having undergone surgical treatment, as described above. Further, these systems can include transgenic animals. *In vitro* systems can include cell-based systems comprising cell types known or suspected of contributing to a disease, specifically cardiac, kidney or inflammatory disease. Cell types may comprise normal cells or non-normal cells containing modifications known to contribute or suspected of contributing to a disease. Such systems are discussed in

detail below. Additional procedures to identify and isolate the human homolog of the differentially expressed genes of the present invention when non-human model systems are utilized are also described below.

In further characterizing the biological function of the identified genes, the expression of these genes (or their expression products) can be modulated within the *in vivo* or *in vitro* systems, i.e., either over- or under-expressed, and the subsequent effect on the system then assayed. Alternatively, the activity of the product of the identified gene can be modulated by either increasing or decreasing the level of activity in the *in vivo* or *in vitro* system of interest, and its subsequent effect then assayed.

The information obtained through such characterizations can suggest relevant methods for the treatment of a disease, specifically cardiac, kidney or inflammatory disease, involving the gene of interest. For example, treatment can include a modulation of gene expression or gene product activity. Characterization procedures such as those described herein can indicate where such modulation should involve an increase or a decrease in the expression or activity of the gene or gene product of interest.

## XII. DIFFERENTIALLY EXPRESSED AND INTERACTIVE GENES

The genes of the present invention can be obtained using cloning methods well known to those skilled in the art, including the use of appropriate probes to detect the genes within an appropriate cDNA or gDNA (genomic DNA) library. (See, e.g., Sambrook *et al.*, *supra*.) Alternatively, oligonucleotide probes for the novel genes can be synthesized using techniques well known to those of skill in the art based on the human or animal DNA sequences disclosed in the Figures. The probes can be used to screen cDNA libraries prepared from an appropriate cell or cell line in which the gene is transcribed. Genomic DNA libraries can be prepared from any source.

As used herein, "differentially expressed gene" (i.e., target and diagnostic genes) or "interactive gene" also includes (a) a gene comprising at least one of the DNA sequences disclosed herein; (b) any DNA sequence that encodes the amino acid sequence encoded by the DNA sequences disclosed herein or contained within the coding region of the gene to which the DNA sequences disclosed here belong; (c) any DNA sequence that hybridizes to the complement of the coding sequences disclosed herein or contained within the coding region of the gene to which the DNA sequences disclosed herein belong under highly stringent conditions, e.g., hybridization to filter-bound DNA in 0.5M NaHPO<sub>4</sub>, 7% sodium dodecyl sulfate (SDS), 1 mM EDTA at 65°C, and washing in 0.1x SSC/0.1% SDS at 68°C. (Ausubel *et al.*, *supra*) and encodes a gene product functionally equivalent to a gene product encoded by a gene of (a) above, including all native sequences and variants thereof; (d) any DNA sequence that hybridizes to the complement of: the coding sequences disclosed herein, or contained within the coding region of the gene to which DNA sequences disclosed herein, belong under less stringent conditions, such as moderately stringent conditions, e.g., washing in 0.2x SSC/0.1% SDS at 42°C. (Ausubel *et al.*, *supra*), yet which still encodes a gene product functionally equivalent to a gene product encoded by a gene of (a) above, including all native sequences and variants thereof; or (e) the human or animal counterpart of such a gene determined by comparison of the sequence of such a gene, or portions thereof, to known sequence information, e.g., the human GenBank database.

The invention also includes nucleic acid molecules, preferably DNA molecules, which hybridize to, and are therefore the complements of, the DNA sequences (a) through (e), in the preceding paragraph. Such hybridization conditions can be highly stringent or less highly stringent, as described above. In instances wherein the nucleic acid molecules are deoxyoligonucleotides ("oligos"), highly stringent conditions can refer, e.g., to washing in 6x SSC/0.05% sodium pyrophosphate at 37°C (for 14-base oligos), 48°C (for 17-base oligos), 55°C (for 20-base oligos), and 60°C (for 23-base oligos). These nucleic acid molecules can act as target gene antisense molecules, useful, for example, in target gene regulation or as antisense primers in amplification reactions of target, diagnostic, or interactive gene nucleic acid sequences. Further, such sequences can be used as part of ribozyme or triple helix sequences, also useful for target gene regulation. Still further, such molecules can be used as components of diagnostic methods whereby disease, specifically cardiac, kidney or inflammatory disease, disorders can be detected.

The invention also encompasses (a) DNA vectors that contain any of the foregoing coding sequences or their complements (*i.e.*, antisense); (b) DNA expression vectors that contain any of the foregoing coding sequences operatively associated with a regulatory element that directs the expression of the coding sequences; and (c) genetically engineered host cells that contain any of the foregoing coding sequences operatively associated with a regulatory element that directs the expression of the coding sequences in the host cell. As used herein, regulatory elements include inducible and non-inducible promoters, enhancers, operators and other elements known to those skilled in the art that drive and regulate expression. The invention includes fragments of any of the DNA sequences disclosed herein.

### XIII. ISOLATION AND AMPLIFICATION OF HOMOLOGOUS DIFFERENTIALLY EXPRESSED GENES

In addition to the gene sequences described above, homologs of these gene sequences can, for example, be present in other species. In instances where the above described differentially expressed gene sequences are not human gene sequences, homologs can be identified and can readily be isolated, without undue experimentation, by molecular biological techniques well known in the art. Further, there can exist genes at other genetic loci within the genome that encode proteins, which have extensive homology to one or more domains of such gene products. These genes can also be identified using similar techniques.

For example, the isolated differentially expressed gene sequence can be labeled and used to screen a cDNA library constructed from mRNA obtained from an organism of interest. Hybridization conditions will be of a lower stringency when the cDNA library was derived from an organism different from the type of organism from which the labeled sequence was derived. Alternatively, the labeled fragment can be used to screen a genomic library derived from the organism of interest, again, using appropriately stringent conditions. Such low stringency conditions will be well known to those of skill in the art, and will vary predictably depending on the specific organisms from which the library and the labeled sequences are derived. For guidance regarding such conditions *see, Sambrook et al., supra, and Ausubel et al., supra.*

Further, a previously unknown differentially expressed or interactive gene-type sequence can be isolated by

performing PCR using two degenerate oligonucleotide primer pools designed on the basis of amino acid sequences within the gene of interest. The template for the reaction can be cDNA obtained by reverse transcription of mRNA prepared from human or non-human cell lines or tissue known or suspected to express a differentially expressed or interactive gene allele. The PCR product can be subcloned and sequenced to ensure that the amplified sequences represent the sequences of a differentially expressed or interactive gene-like nucleic acid sequence.

The PCR fragment can then be used to isolate a full-length cDNA clone by a variety of methods. For example, the amplified fragment can be labeled and used to screen a bacteriophage cDNA library. Alternatively, the labeled fragment can be used to screen a genomic library.

PCR technology can also be utilized to isolate full-length cDNA sequences. For example, RNA can be isolated, following standard procedures, from an appropriate cellular or tissue source. A reverse transcription reaction can be performed on the RNA using an oligonucleotide primer specific for the most 5' end of the amplified fragment for the priming of first strand synthesis. The resulting RNA/DNA hybrid can then be "tailed" with guanines using a standard terminal transferase reaction, the hybrid can be digested with RNase H, and second strand synthesis can then be primed with a poly-C primer. Thus, cDNA sequences upstream of the amplified fragment can easily be isolated. For a review of cloning strategies that can be used, see, e.g., Sambrook *et al.*, *supra*, and Ausubel *et al.*, *supra*.

A number of template dependent processes are available to amplify the gene sequences present in a given template sample. One of the best known amplification methods is the polymerase chain reaction (referred to as PCR) which is described in detail in U.S. Patent Nos. 4,683,195, 4,683,202 and 4,800,159, each of which is incorporated herein by reference in its entirety, and in Innis *et al.*, *supra*.

20 Alternatively, RNA species can be quantitated by means that do not necessarily require amplification by PCR.  
These means may include other amplification techniques, for example, isothermal amplification techniques such as the one developed by Gen-Probe (San Diego, CA) or the ligase chain reaction (LCR).

#### XIV. ISOLATION OF MUTANT DIFFERENTIALLY EXPRESSED GENES

Where the differentially expressed or interactive gene identified is the normal, or wild type gene, this gene can be used to isolate mutant alleles of the gene. Such isolation is preferable in processes and disorders that are known or suspected to have a genetic basis. Mutant alleles can be isolated from individuals either known or suspected to have a genotype contributing to disease, specifically cardiac, kidney or inflammatory disease, symptoms. Mutant alleles and mutant allele products can then be utilized in the therapeutic and diagnostic assay systems described below.

30 A cDNA of a mutant gene can be isolated, for example, by using PCR. In this case, the first cDNA strand can be synthesized by hybridizing a oligo-dT oligonucleotide to mRNA isolated from tissue known or suspected of being expressed in an individual putatively carrying the mutant allele, and by extending the new strand with reverse transcriptase. The second strand of the cDNA can then be synthesized using an oligonucleotide that hybridizes specifically to the 5' end of the normal gene. Using these two primers, the product is then amplified via PCR, cloned into a

suitable vector, and subjected to DNA sequence analysis through methods known to one skilled in the art. By comparing the DNA sequence of the mutant gene to that of the normal gene, the mutation(s) responsible for the loss or alteration of function of the mutant gene product can be ascertained.

Alternatively, a genomic or cDNA library can be constructed and screened using DNA or RNA, respectively, 5 from a tissue known to express or suspected of expressing the gene of interest in an individual suspected of carrying or known to carry the mutant allele. The normal gene or any suitable fragment thereof can then be labeled and used as a probe to identify the corresponding mutant allele in the library. Clones containing this gene can then be purified through methods routinely practiced in the art, and subjected to sequence analysis as described above.

Additionally, an expression library can be constructed utilizing DNA isolated from or cDNA synthesized from a 10 tissue known to express or suspected of expressing the gene of interest in an individual suspected of carrying or known to carry the mutant allele. In this manner, gene products made by the putatively mutant tissue can be expressed and screened using standard antibody screening techniques in conjunction with antibodies raised against the normal gene product as described below. (For screening techniques see, Harlow *et al.*, eds., *Antibodies: A Laboratory Manual*, Cold Spring Harbor Press (Cold Spring Harbor, NY, 1988).) In cases where the mutation results in an 15 expressed gene product with altered function (e.g., as a result of a missense mutation), a polyclonal set of antibodies are likely to cross-react with the mutant gene product. Library clones detected via their reaction with such labeled antibodies can be purified and subjected to sequence analysis as described *supra*.

## XV. NUCLEIC ACID PROBES AND PRIMERS

Molecular cloning and expression techniques for making biological and synthetic oligonucleotides and nucleic 20 acids are well known in the art. Wide varieties of cloning and expression and *in vitro* amplification methods suitable for the construction of nucleic acids are well known to persons of skill. Examples of techniques and instructions sufficient to direct persons of skill through many cloning exercises for the expression and purification of biological nucleic acids (DNA and RNA) are found in Berger *et al.*, *Guide to Molecular Cloning Techniques, Methods in Enzymology*, volume 152, Academic Press, Inc. (San Diego, CA); Sambrook *et al.*, *supra*; and Ausubel *et al.*, *supra*. 25 Nucleic acids such as tag nucleic acids can be cloned into cells (thereby creating recombinant tagged cells) using standard cloning protocols such as those described in Berger *et al.*, *supra*; Sambrook *et al.*, *supra*; and Ausubel *et al.*, *supra*.

It is apparent that the nucleic acid sequences within the context of the present invention will find utility in a variety of applications in disease, specifically cardiac, kidney or inflammatory disease, detection, diagnosis, prognosis 30 and treatment. Examples of such applications within the scope of the present disclosure comprise amplification of differentially expressed genes using specific primers, detection of genes by hybridization with oligonucleotide probes, incorporation of isolated nucleic acids into vectors, expression of vector incorporated nucleic acids as RNA and protein, and development of immunologic reagents corresponding to gene encoded products.

In one embodiment, the sequences of isolated nucleic acids disclosed herein find utility as hybridization

probes or amplification primers. These nucleic acids may be used, for example, in diagnostic evaluation of biological samples or employed to clone full length cDNAs or genomic clones corresponding thereto. In certain embodiments, these probes and primers comprise oligonucleotide fragments. Such fragments are of sufficient length to provide specific hybridization to an RNA or DNA sample extracted from tissue and, in a preferred embodiment, may be used within the context of microarrays. The sequences typically may be 10-20 nucleotides, but may be longer. Longer sequences, e.g., 40, 50, 100, 500 and even up to full length, are preferred for certain embodiments.

In a preferred embodiment, nucleic acid molecules having contiguous stretches of about 10, 15, 17, 20, 30, 40, 50, 60, 75 or 100 or 500 nucleotides of a sequence comprising GenBank Accession numbers X57352, S75725, D13665, X67698, M62402, D90226, L13698, U52101, U72649, L36034, M36035, and M38591, corresponding to the human genes 1-8U (SEQ ID NO:25), prostacyclin-stimulating factor (SEQ ID NO:26), osf-2 (SEQ ID NO:27), tissue specific mRNA (SEQ ID NO:28), insulin-like growth factor binding protein 6 (SEQ ID NO:29), OSF-1 (SEQ ID NO:30), gas-1 (SEQ ID NO:31), YMP (SEQ ID NO:32), BTG2 (SEQ ID NO:33), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:34), peripheral benzodiazepine receptor (SEQ ID NO:35), and cellular ligand of annexin II (p11) (SEQ ID NO:36), respectively, are contemplated. Molecules that are complementary to the above mentioned sequences and that bind to these sequences under high stringency conditions are also contemplated. These probes are useful in a variety of hybridization embodiments, such as Southern and Northern blotting and microarray assays and diagnostics. In some cases, it is contemplated that probes may be used that hybridize to multiple target sequences without compromising their ability to effectively diagnose the disease state.

In certain embodiments, it is contemplated that multiple probes may be used for hybridization to a single sample. The use of a hybridization probe of between 17 and 100 nucleotides in length allows the formation of a duplex molecule that is both stable and selective. Molecules having complementary sequences over stretches greater than 20 bases in length are generally preferred in order to increase stability and selectivity of the hybrid, and thereby improve the quality and degree of hybrid molecules. It is generally preferred to design nucleic acid molecules having stretches of 20 to 30 nucleotides, or even longer. Such fragments may be readily prepared by directly synthesizing the fragment by chemical means or by introducing selected sequences into recombinant vectors for recombinant production.

#### XVI. DIFFERENTIALLY EXPRESSED AND INTERACTIVE GENE PRODUCTS

Differentially expressed or interactive gene products can be produced by synthetic techniques or via recombinant DNA technology using techniques well known in the art. Methods for preparing the differentially expressed or interactive gene polypeptides and peptides of the invention by expressing nucleic acid encoding differentially expressed or interactive gene sequences are described herein. Methods known to those skilled in the art can be used to construct expression vectors containing differentially expressed or interactive gene protein coding sequences and appropriate transcriptional/translational control signals. These methods include *in vitro* recombinant DNA techniques, synthetic techniques and *in vivo* recombination/genetic recombination. See, e.g., the techniques described in Maniatis *et al.*, Molecular Cloning, A Laboratory Manual, Cold Spring Harbor Laboratory (New York, NY,

1989) and Ausubel *et al.*, *supra*. Alternatively, RNA capable of encoding differentially expressed or interactive gene protein sequences can be chemically synthesized using, for example, synthesizers. See, for example, the techniques described in Gait, ed., *Oligonucleotide Synthesis*, IRL Press (Oxford, 1984).

5 A variety of host-expression vector systems can be utilized to express the differentially expressed or interactive gene coding sequences of the invention. Such host-expression systems represent vehicles by which the coding sequences of interest can be produced and subsequently purified, but also represent cells which can, when transformed or transfected with the appropriate nucleotide coding sequences, exhibit the differentially expressed or interactive gene protein of the invention *in situ*. These include but are not limited to microorganisms such as bacteria (e.g., *E. coli*, *B. subtilis*) transformed with recombinant bacteriophage DNA, plasmid DNA or cosmid DNA expression  
10 vectors containing differentially expressed or interactive gene protein coding sequences; yeast (e.g., *Saccharomyces*, *Pichia*) transformed with recombinant yeast expression vectors containing the differentially expressed or interactive gene protein coding sequences; insect cell systems infected with recombinant virus expression vectors (e.g., baculovirus) containing the differentially expressed or interactive gene protein coding sequences; plant cell systems infected with recombinant virus expression vectors (e.g., cauliflower mosaic virus, CaMV; tobacco mosaic virus, TMV)  
15 or transformed with recombinant plasmid expression vectors (e.g., Ti plasmid) containing differentially expressed or interactive gene protein coding sequences; or mammalian cell systems (e.g., COS, CHO, BHK, 293, 3T3) harboring recombinant expression constructs containing promoters derived from the genome of mammalian cells (e.g., metallothionein promoter) or from mammalian viruses (e.g., the adenovirus late promoter; the vaccinia virus 7.5K promoter). In a preferred embodiment, *Pichia* may be utilized.  
20

In bacterial systems, a number of expression vectors can be advantageously selected depending upon the use intended for the differentially expressed or interactive gene protein being expressed. When a large quantity of such a protein is to be produced, for example, for the generation of antibodies or to screen peptide libraries, vectors which direct the expression of high levels of fusion protein products that are readily purified are desirable. Such vectors include the *E. coli* expression vector pUR278 (Rather *et al.*, EMBO J. 2:1791 (1983)), in which the differentially expressed or interactive gene protein coding sequence can be ligated individually into the vector in frame with the lacZ coding region so that a fusion protein is produced and pIN vectors (Inouye *et al.*, *Nucleic Acids Res.* 13:3101-09 (1985); Van Heeke *et al.*, *J. Biol. Chem.* 264:5503-09 (1989)). pGEX vectors can also be used to express foreign polypeptides as fusion proteins with glutathione 5-transferase (GST). In general, such fusion proteins are soluble and can easily be purified from lysed cells by adsorption to glutathione-agarose beads followed by elution in the presence  
25 of free glutathione. The pGEX vectors are designed to include thrombin or factor Xa protease cleavage sites so that the cloned target gene protein can be released from the GST moiety.  
30

In mammalian host cells, a number of viral-based expression systems can be utilized. Where adenoviruses are used as expression vectors, the differentially expressed or interactive gene coding sequence of interest can be ligated to an adenovirus transcription/translation control complex, e.g., the late promoter and tripartite leader sequence. This

chimeric gene can then be inserted in the adenovirus genome by *in vitro* or *in vivo* recombination. Insertion in a non-essential region of the viral genome (e.g., region E1 or E3) will result in a recombinant virus that is viable and capable of expressing differentially expressed or interactive gene protein in infected hosts (see Logan *et al.*, *Proc. Natl. Acad. Sci. USA* 81:3655-59 (1984)). Specific initiation signals can also be required for efficient translation of inserted

5 differentially expressed or interactive gene coding sequences. These signals include the ATG initiation codon and adjacent sequences. Where an entire identified gene, including its own initiation codon and adjacent sequences, is inserted into the appropriate expression vector, no additional translational control signals can be needed. However, in cases where only a portion of the identified coding sequence is inserted, exogenous translational control signals, including, perhaps, the ATG

10 initiation codon, must be provided. Furthermore, the initiation codon must be in phase with the reading frame of the desired coding sequence to ensure translation of the entire insert. These exogenous translational control signals and initiation codons can be of a variety of origins, both natural and synthetic. The efficiency of expression can be enhanced, for example, by inclusion of appropriate transcription enhancer elements or transcription terminators (see Bittner *et al.*, *Methods in Enzymol.* 153:516-44 (1987)).

15 In addition, a host cell strain can be chosen that modulates the expression of the inserted sequences, or modifies and processes the gene product in the specific fashion desired. Modifications (e.g., glycosylation) and processing (e.g., cleavage) of protein products can be important for the function of the protein. Different host cells have characteristic and specific mechanisms for the post-translational processing and modification of proteins. Appropriate cell lines or host systems can be chosen to ensure the correct modification and processing of the foreign 20 protein expressed. To this end, eukaryotic host cells that possess the cellular machinery for proper processing of the primary transcript, glycosylation, and phosphorylation of the gene product can be used. Such mammalian host cells include but are not limited to CHO, VERO, BHK, HeLa, COS, MDCK, 293, 3T3, and W138.

For long-term, high-yield production of recombinant proteins, stable expression is preferred. Cell lines that stably express the differentially expressed or interactive gene protein can be engineered. Rather than using expression 25 vectors which contain viral origins of replication, host cells can be transformed with DNA controlled by appropriate expression control elements (e.g., promoter or enhancer sequences, transcription terminators, and polyadenylation sites) and a selectable marker. Following the introduction of the foreign DNA, engineered cells can be allowed to grow for 1-2 days in an enriched media, and then are switched to a selective media. The selectable marker in the recombinant plasmid confers resistance to the selection and allows cells to stably integrate the plasmid into their 30 chromosomes and grow to form foci which in turn can be cloned and expanded into cell lines. This method advantageously can be used to engineer cell lines that express the identified gene protein. Such engineered cell lines can be particularly useful in screening and evaluation of compounds that affect the endogenous activity of the differentially expressed or interactive gene protein.

An alternative fusion protein system allows for the ready purification of non-denatured fusion proteins

expressed in human cell lines (Janknecht *et al.*, *Proc. Natl. Acad. Sci. USA* 88:8972-76 (1981)). In this system, the gene of interest is subcloned into a vaccinia recombination plasmid such that the gene's open reading frame is translationally fused to an amino-terminal tag consisting of six histidine residues. Extracts from cells infected with recombinant vaccinia virus are loaded onto ni<sub>2+</sub> nitriloacetic acid-agarose columns and histidine-tagged proteins are 5 selectively eluted with imidazole-containing buffers.

When used as a component in assay systems such as that described herein, the differentially expressed or interactive gene protein can be labeled, either directly or indirectly, to facilitate detection of a complex formed between the differentially expressed or interactive gene protein and a test substance. Any of a variety of suitable labeling 10 systems can be used including radioisotopes such as enzyme labeling systems that generate a detectable colorimetric signal or light when exposed to substrate, and fluorescent labels.

Where recombinant DNA technology is used to produce the differentially expressed or interactive gene protein for such assay systems, it can be advantageous to engineer fusion proteins that can facilitate labeling, solubility, immobilization or detection. Indirect labeling involves the use of a third protein, such as a labeled antibody, which specifically binds to either a differentially expressed or interactive gene product. Such antibodies include but are 15 not limited to polyclonal, monoclonal, chimeric, single chain, Fab fragments and fragments produced by a Fab expression library.

The differentially expressed genes of the present invention can be expressed in an expression vector in which the gene is operably linked to a native or other promoter. Usually, the promoter is an eukaryotic promoter for 20 expression in a mammalian cell. The transcription regulation sequences typically include a heterologous promoter and optionally an enhancer, which is recognized by the host. The selection of an appropriate promoter, for example *trp*, *lac*, phage promoters, glycolytic enzyme promoters and tRNA promoters, depends on the host selected. Commercially available expression vectors can be used. Vectors can include host-recognized replication systems, amplifiable genes, selectable genes, host sequences useful for insertion into the host genome, and the like.

The means for introducing the expression construct into a host cell may vary depending upon the particular 25 construction and the target host. Suitable means include fusion, conjugation, transfection, transduction, electroporation or injection, as described in Sambrook *et al.*, *supra*. A wide variety of host cells can be employed for expression of the differentially expressed gene, both prokaryotic and eukaryotic. Suitable host cells include bacteria such as *E. coli*, yeast (particularly *Pichia*), filamentous fungi, insect cells, mammalian cells, typically immortalized, *e.g.*, mouse, CHO, human and monkey cell lines and derivatives thereof. Preferred host cells are able to process the 30 differentially expressed gene product to produce an appropriate mature polypeptide. Processing includes glycosylation, ubiquitination, disulfide bond formation, and general post-translational modification.

The differentially expressed protein may be isolated by conventional means of protein biochemistry and purification to obtain a substantially pure product, *i.e.*, 80, 95 or 99% free of cell component contaminants, as described in Jacoby, *Methods in Enzymology*, Vol. 104, Academic Press (New York, NY, 1984); Scopes, *Protein*

*Purification, Principles and Practice 2nd Edition*, Springer-Verlag, (New York, NY 1987); and Deutscher, ed., *Guide to Protein Purification, Methods in Enzymology*, Vol. 182 (1990). If the protein is secreted, it can be isolated from the supernatant in which the host cell is grown. If the protein is not secreted, the protein can be isolated from a lysate of the host cells.

- 5 In one embodiment, the differentially expressed gene encoding the polypeptide is analyzed to detect putative transmembrane sequences. Such sequences are typically very hydrophobic and are readily detected by the use of sequence analysis software such as Lasergene (DNASTar, Madison, WI). The presence of transmembrane sequences is often deleterious when a recombinant protein is synthesized in many expression systems, especially *E. coli*, as it leads to the production of insoluble aggregates that are difficult to renature into the native conformation of the protein.
- 10 Deletion of transmembrane sequences typically does not significantly alter the conformation of the remaining protein structure.

Moreover, transmembrane sequences embedded within a membrane are inaccessible. Antibodies to these sequences will not prove useful for *in vivo* or *in situ* studies. Deletion of transmembrane-encoding sequences from the genes used for expression may be achieved by conventional techniques. For example, restriction enzyme sites may be 15 used to excise the desired gene fragment, or PCR-type amplification may be used to amplify only the desired part of the gene.

In another embodiment, computer sequence analysis is used to determine the location of predicted major antigenic determinant epitopes of the polypeptide. Software capable of carrying out this analysis is readily available commercially. Such software typically uses conventional algorithms such as the Kyte/Doolittle or Hopp/Woods 20 methods for locating hydrophilic sequences characteristically found on the surface of proteins, which likely act as antigenic determinants.

Once this analysis is made, polypeptides may be prepared which contain at least the essential features of the antigenic determinant and which may be employed in the generation of antisera against the polypeptide. Minigenes or gene fusions encoding these determinants may be constructed and inserted into expression vectors by conventional 25 methods, for example, using PCR cloning methodology.

As an alternative to recombinant polypeptides, synthetic peptides corresponding to the antigenic determinants may be prepared. Such peptides are preferably at least six amino acid residues long, and may contain up to approximately 50 residues, which is the approximate upper length limit of automated peptide synthesis machines, such as those available from PE Applied Biosystems (Foster City, CA). Use of such small peptides for vaccination 30 typically requires conjugation of the peptide to an immunogenic carrier protein such as hepatitis B surface antigen, keyhole limpet hemocyanin or bovine serum albumin. Methods for performing this conjugation are well known in the art.

In one embodiment, the expression products of the differentially expressed genes of the present invention may comprise differences of amino acid sequence. These may, for instance, be minor sequence differences of the

polypeptide which arise due to natural variation within the population or they may be homologs found in other species and include native sequence polypeptides and their variants. They also may be sequences which do not occur naturally but which are sufficiently similar that they function similarly or elicit an immune response that cross-reacts with natural forms of the polypeptide. Sequence differences may be prepared by conventional methods of site-directed 5 mutagenesis such as those described above for removing the transmembrane sequence.

Amino acid sequence mutants of the polypeptide may be substitutional, insertional or deletion mutants. Deletion mutants differentially expressed lack one or more residues of the native protein which are not essential for function or immunogenic activity, and are exemplified by the mutants lacking a transmembrane sequence described above. Another common type of deletion mutants is one lacking secretory signal sequences or signal sequences 10 directing a protein to bind to a particular part of a cell. An example of the latter sequence is the SH2 domain, which induces protein binding to phosphotyrosine residues.

Substitutional mutants typically exchange one amino acid for another at one or more sites within the protein and may be designed to modulate one or more properties of the polypeptide, such as stability against proteolytic 15 cleavage. Substitutions preferably are conservative, that is, one amino acid is replaced with another of similar shape and charge.

Insertional mutants include fusion proteins such as those used to allow rapid purification of the polypeptide and also may include hybrid proteins containing sequences from other homologous proteins and polypeptides. For example, an insertional mutant may include portions of the amino acid sequence of the polypeptide from one species, together with portions of the homologous polypeptide from another species. Other insertional mutants may include 20 those in which additional amino acids are introduced within the coding sequence of the polypeptide. These typically are smaller insertions than the fusion proteins described above and are introduced, for example, to disrupt a protease cleavage site.

In one embodiment, major antigenic determinants of the polypeptide are identified by an empirical approach in which portions of the gene encoding the polypeptide are expressed in a recombinant host, and the resulting proteins 25 tested for their ability to elicit an immune response. For example, PCR may be used to prepare a range of peptides lacking successively longer fragments of the C-terminus of the protein. The immunoprotective activity of each of these peptides then identifies those fragments or domains of the polypeptide which are essential for this activity. Further studies in which only a small number of amino acids are removed at each iteration then enables the location of the antigenic determinants of the polypeptide.

30 Another embodiment for the preparation of polypeptides according to the disclosure is the use of peptide mimetics. Mimetics are peptide-containing molecules which mimic elements of protein secondary structure. See, e.g., Johnson *et al.*, *Biotechnology and Pharmacy*, Chapman and Hall (New York, NY, 1993). The underlying rationale behind the use of peptide mimetics is that the peptide backbone of proteins exists chiefly to orient amino acid side chains in such a way as to facilitate molecular interactions, such as those of antibody and antigen. A peptide mimetic is

expected to permit molecular interactions similar to the natural molecule.

Successful applications of the peptide mimetic concept have thus far focused on mimetics of  $\beta$ -turns within proteins, which are known to be highly antigenic. Computer-based algorithms as discussed above may predict likely  $\alpha$ -turn structure within a polypeptide. Once the component amino acids of the turn are determined, peptide mimetics may be constructed to achieve a similar spatial orientation of the essential elements of the amino acid side chains.

Differentially expressed and interactive gene products include those proteins, or portions thereof, encoded by the differentially expressed and interactive gene sequences obtained by the methods of the present invention. Specifically, differentially expressed and interactive gene products can include differentially expressed and interactive gene polypeptides encoded by the differentially expressed and interactive gene sequences contained in the coding regions of the genes to which clones and DNA sequences of the differentially expressed genes of the present invention belong.

In addition, differentially expressed and interactive gene products can include proteins that represent functionally equivalent gene products. An equivalent differentially expressed or interactive gene product can contain deletions, additions or substitutions of amino acid residues within the amino acid sequence encoded by the differentially expressed or interactive gene sequences described above, but which result in a silent change thus producing a functionally equivalent differentially expressed or interactive gene product. Amino acid substitutions can be made based on similarity in polarity, charge, solubility, hydrophobicity, hydrophilicity, or the amphipatic nature of the residues involved.

"Functionally equivalent" includes a protein capable exhibiting a substantially similar *in vivo* activity as the endogenous differentially expressed or interactive gene products encoded by the differentially expressed or interactive gene sequences of the present invention. Alternatively, when utilized as part of assays such as those described below, "functionally equivalent" includes peptides capable of interacting with other cellular or extracellular molecules in a manner substantially similar to the way in which the corresponding portion of the endogenous differentially expressed or interactive gene product would.

## 25 XVII. GENETIC LESION DETECTION

The methods of the invention can also be used to detect genetic lesions in a differentially expressed gene of the present invention, thereby determining if a subject with the lesioned gene is at risk for a disorder characterized by differentially expressed gene expression or polypeptide activity. In preferred embodiments, the methods include detecting, in a biological sample from a subject, the presence or absence of a genetic lesion characterized by, for example, an alteration affecting the integrity of a gene encoding a polypeptide or the misexpression of the gene. For example, such genetic lesions can be detected by ascertaining the existence of at least one of: a deletion of one or more nucleotides from a gene; an addition of one or more nucleotides to a gene; a substitution of one or more nucleotides of a gene; a chromosomal rearrangement of a gene; an alteration in the level of a messenger RNA transcript of a gene; aberrant modification of a gene, such as of the methylation pattern of the genomic DNA; the

presence of a non-wild type splicing pattern of a messenger RNA transcript of a gene; a non-wild type level of a gene protein; allelic loss of a gene; and inappropriate post-translational modification of a gene protein. As described herein, there are a large number of assay techniques known in the art that can be used for detecting lesions in a gene.

In certain embodiments, detection of a lesion may involve the use of a probe/primer in PCR (see, e.g. U.S. Patent Nos. 4,683,195 and 4,683,202), such as anchor PCR or RACE PCR, or, alternatively, in LCR (see, e.g., Landegran *et al.*, *Science* 241: 1077-80 (1988); and Nakazawa *et al.*, *Proc. Natl. Acad. Sci. USA* 91: 360-64 (1994)), the latter of which can be particularly useful for detecting point mutations in the cardiac gene (see Abravaya *et al.*, *Nucleic Acids Res.* 23: 675-82 (1995)). This method can include the steps of collecting a biological sample from a subject, isolating nucleic acid (e.g., genomic, mRNA or both) from the cells of the sample, contacting the nucleic acid sample with one or more primers which specifically hybridize to an differentially expressed gene under conditions such that hybridization and amplification of the cardiac gene (if present) occurs, and detecting the presence or absence of an amplification product, or detecting the size of the amplification product and comparing the length to a control sample.

In an alternative embodiment, mutations in a differentially expressed gene from a sample can be identified by alterations in restriction enzyme cleavage patterns. For example, sample and control DNA is isolated, amplified (optionally), digested with one or more restriction endonucleases, and fragment length sizes are determined by gel electrophoresis and compared. Differences in fragment length sizes between sample and control DNA indicates mutations in the sample DNA. Moreover, the use of sequence specific ribozymes (see U.S. Patent No. 5,498,531) can be used to score for the presence of specific mutations by development or loss of a ribozyme cleavage site.

#### XVIII. MUTATION DETECTION

In yet another embodiment, any of a variety of sequencing reactions known in the art can be used to directly sequence the differentially expressed gene and detect mutations by comparing the sequence of the sample differentially expressed gene with the corresponding wild-type (normal) sequence. Examples of sequencing reactions include those based on techniques developed by Maxim and Gilbert (Maxim *et al.*, *Proc. Natl. Acad. Sci. USA* 74:560 (1977)) or Sanger (Sanger, *Proc. Natl. Acad. Sci.* 74:5463 (1977)). A variety of automated sequencing procedures can be utilized when performing the diagnostic assays, including sequencing by mass spectrometry (see, e.g., PCT Published Application No. WO 94/16101; Cohen *et al.*, *Adv. Chromatogr.* 36:127-62 (1966); and Griffin *et al.*, *Appl. Biochem. Biotechnol.* 38:147-59 (1993)).

Other methods for detecting mutations in the differentially expressed gene include methods in which protection from cleavage agents is used to detect mismatched bases in RNA/RNA or RNA/DNA duplexes (Myers *et al.*, *Science* 230:1242 (1985)); Cotton *et al.*, *Proc. Natl. Acad. Sci. USA* 85:4397 (1988); Saleeba *et al.*, *Meth. Enzymol.* 2(17):286-95 (1992)), electrophoretic mobility of mutant and wild type nucleic acid is compared (Orita *et al.*, *Proc. Natl. Acad. Sci. USA* 86:2766 (1989); Cotton, *Mutat. Res.* 285:125-44 (1993); and Hayashi, *Genet. Anal. Tech. Appl.* 9:73-79 (1992)), and movement of mutant or wild-type fragments in polyacrylamide gels containing a gradient of denaturant is assayed using denaturing gradient gel electrophoresis (Myers *et al.*, *Nature* 313:495 (1985)). Examples

of other techniques for detecting point mutations include oligonucleotide hybridization, amplification, and selective primer extension.

In addition to substantially full-length native polypeptides (and variants thereof) expressed by the differentially expressed genes, the present invention includes biologically active fragments of the polypeptides, or analogs thereof, including organic molecules, which simulate the interactions of the peptides. Biologically active fragments include any portion of the full-length polypeptide, which confers a biological function on the differentially expressed gene product, including ligand binding, and antibody binding. Ligand binding includes binding by nucleic acids, proteins or polypeptides, small biologically active molecules, or large cellular structures.

Further aspects of the present disclosure concern the purification, and in particular embodiments, the substantial purification, of an encoded protein or peptide. The term "purified protein or peptide" includes compositions, isolatable from other components, wherein the protein or peptide is purified to any degree relative to its naturally-obtainable state, i.e., relative to its purity within a cell extract. A purified protein or peptide therefore also refers to a protein or peptide, free from the environment in which it may naturally occur.

There is no general requirement that a protein or peptide always be provided in its most purified state. Indeed, it is contemplated that less substantially purified products have utility in certain embodiments. Partial purification may be accomplished by using fewer purification steps in combination, or by using different forms of the same general purification scheme. For example, one skilled in the art appreciates that a cation-exchange column chromatography performed utilizing an HPLC apparatus generally results in a greater-fold purification than the same technique utilizing a low pressure chromatography system. Methods exhibiting a lower degree of relative purification may have advantages in total recovery of protein product, or in maintaining the activity of an expressed protein.

## XIX. ANTIBODIES SPECIFIC FOR DIFFERENTIALLY EXPRESSED OR INTERACTIVE GENE PRODUCTS

In another preferred embodiment of the present invention antibodies are produced that bind with high specificity to the protein products of the differentially expressed genes of the present invention, e.g., all or a portion of the amino acid sequence of the human genes 1-BU (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48), respectively. Means for preparing and characterizing antibodies are well known in the art (see, e.g., Harlow *et al.*, *supra*).

Described herein are methods for the production of antibodies capable of specifically recognizing one or more differentially expressed or interactive gene epitopes. Such antibodies can include, but are not limited to polyclonal antibodies, monoclonal antibodies (mAbs), humanized or chimeric antibodies, single chain antibodies, Fab fragments, F(ab')<sub>2</sub> fragments, fragments produced by a Fab expression library, anti-idiotypic (anti-Id) antibodies, and epitope binding fragments of any of the above. Such antibodies can be used, for example, in the detection of a diagnostic,

target, or interactive gene in a biological sample, or, alternatively, as a method for the inhibition of abnormal target gene activity. Thus, such antibodies can be utilized as a disease, specifically cardiac, kidney or inflammatory disease, treatment method, or can be used as part of diagnostic techniques whereby patients can be tested for abnormal levels of diagnostic, target, or interactive gene proteins, or for the presence of abnormal forms of such proteins. See Kohler *et al.*, *Nature* 256:495-97 (1975), U.S. Patent No. 4,376,110, Kosbor *et al.*, *Immunology Today* 4:72 (1983); Cole *et al.*, *Proc. Natl. Acad. Sci. USA* 80:2026-30 (1983), Cole *et al.*, *Monoclonal Antibodies And Cancer Therapy*, Alan R. Uss, Inc. (1985), pp. 77-96, Morrison *et al.*, *supra*; Neuberger *et al.*, *Nature*, 312:604-08 (1984); Takeda *et al.*, *Nature*, 314:452-54 (1985); and U.S. Patent No. 4,816,567 for representative antibody techniques. Alternatively, techniques described for the production of single chain antibodies (U.S. Patent No. 4,946,778; Bird, *Science* 242:423-26 (1988); Huston *et al.*, *Proc. Natl. Acad. Sci. USA* 85:5879-83 (1988); and Ward *et al.*, *Nature* 334:544-46 (1989)) and for making humanized monoclonal antibodies (U.S. Patent No. 5,225,539, which is incorporated herein by reference in its entirety) can be utilized to produce anti-differentially expressed or anti-interactive gene product antibodies. Diagnostic kits comprising one or more of such antibodies are contemplated and described in greater detail *infra*.

Antibody fragments recognizing specific epitopes can be generated by known techniques. For example, such fragments include but are not limited to: the F(ab')<sub>2</sub> fragments which can be produced by pepsin digestion of the antibody molecule and the Fab fragments which can be generated by reducing the disulfide bridges of the F(ab')<sub>2</sub> fragments. Alternatively, Fab expression libraries can be constructed (Huse *et al.*, *Science* 246:1275-81 (1989)) to allow rapid and easy identification of monoclonal Fab fragments with the desired specificity.

## XX. CELL- AND ANIMAL-BASED MODEL SYSTEMS

Described herein are cell- and animal-based systems which represent reliable models for disease, specifically cardiac, kidney or inflammatory disease, disorders. These systems can be used in a variety of applications. For example, the cell- and animal-based model systems can be used to identify differentially expressed genes via the models described above. Such systems can also be used to further characterize differentially expressed and interactive genes, for example, as a target gene. Additionally, such assays can be utilized as part of screening strategies designed to identify compounds, which are capable of preventing or ameliorating symptoms of a disease, specifically cardiac, kidney or inflammatory disease, disorders. Thus, the animal- and cell-based models can be used to identify drugs, pharmaceuticals, therapies and interventions which can be effective in treating a disease and related disorders. In addition, such animal models can be used to determine the LD<sub>50</sub> and the ED<sub>50</sub> in animal subjects, and such data can be used to determine the *in vivo* efficacy of potential disease treatments.

### A. ANIMAL-BASED SYSTEMS

Animal-based *in vivo* model systems of a disease, specifically cardiac, kidney or inflammatory disease, can include both non-recombinant animals as well as recombinantly engineered transgenic animals. Non-recombinant animal models for a disease, specifically cardiac, kidney or inflammatory disease, include, for example, murine models of myocardial infarction, cardiac hypertrophy, and kidney disease as described *supra*. Models based on cardioactive

drugs may be generated, for example, by introducing such drugs into syngeneic mice. After an appropriate period of time, the diseases that result from these injections of drugs can be detected and the mice used as models.

The role of identified gene products can be determined by transfecting cDNA encoding such gene products into the appropriate cell line and analyzing its effect on the cells' ability to induce a disease, specifically cardiac, kidney or inflammatory disease, in animal models such as these. The role of the identified gene products may be further analyzed by culturing cells derived from the diseases which develop in the animal models, introducing these cultured cells into animals, and subsequently measuring the level of identified gene product present in the resulting disease. In this manner, cell line variants are developed which can be useful in analyzing the role of quantitative or qualitative differences in the expression of the identified genes on the cells' ability to induce a disease.

Additionally, recombinant animal models exhibiting characteristics or symptoms of a disease, specifically cardiac, kidney or inflammatory disease, can be utilized. Further, recombinant animal models for a disease can be engineered by utilizing, for example, target gene sequences, in conjunction with techniques for producing transgenic animals that are well known to those of skill in the art. For example, target gene sequences can be introduced into, and overexpressed in, the genome of the animal of interest, or if endogenous target gene sequences are present, they can either be overexpressed, or alternatively, can be disrupted in order to underexpress or inactivate target gene expression.

In order to overexpress a target gene sequence, the coding portion of the target gene sequence can be ligated to a regulatory sequence capable of driving gene expression in the animal and cell type of interest. Such regulatory regions are known to those of skill in the art.

To obtain underexpression of an endogenous target gene sequence, such a sequence can be introduced into the genome of the animal of interest such that the endogenous target gene alleles will be inactivated. Preferably, an engineered sequence comprising at least part of the target gene sequence is utilized and is introduced, via gene targeting, such that the endogenous target sequence is disrupted upon integration of the engineered target gene sequence into the animal's genome. Gene targeting is discussed below.

Animals of any species, including, but not limited to, mice, rats, rabbits, guinea pigs, pigs, micro-pigs, goats, and non-human primates, e.g., baboons, monkeys, and chimpanzees, can be used to generate animal models of a disease, specifically cardiac, kidney or inflammatory disease. Any technique known in the art can be used to introduce a target gene transgene into animals to produce the founder lines of transgenic animals. Such techniques include, pronuclear microinjection (Hoppe *et al.*, U.S. Patent No. 4,873,191 (1989)); retrovirus mediated gene transfer into germ lines (Van der Fatten *et al.*, *Proc. Natl. Acad. Sci. USA* 82:6148-52 (1985)); gene targeting in embryonic stem cells (Thompson *et al.*, *Cell* 56:313-21 (1989)); electroporation of embryos (Lo, *Mol. Cell. Biol.* 3:1803-14 (1983)); and sperm-mediated gene transfer (Lavitrano *et al.*, *Cell* 57:717-23 (1989)). For a review of such techniques, see Gordon, *Intl. Rev. Cytol.* 115:171-229 (1989).

The present invention provides for transgenic animals that carry the transgene in all their cells, as well as

5 animals which carry the transgene in some, but not all their cells, *i.e.*, mosaic animals. The transgene can be integrated, either as a single transgene or in concatamers, *e.g.*, head-to-head tandems or head-to-tail tandems. The transgene can also be selectively introduced into and activated in a particular cell type by following, for example, the teaching of Lasko *et al.*, Proc. Natl. Acad. Sci. USA 89:6232-36 (1992). The regulatory sequences required for such a cell-type specific activation depends upon the particular cell type of interest, and will be apparent to those of skill in the art.

When it is desired that the target gene transgene be integrated into the chromosomal site of the endogenous target gene, gene targeting is preferred. Briefly, when such a technique is to be utilized, vectors containing some nucleotide sequences homologous to the endogenous target gene of interest are designed for the purpose of 10 integrating, via homologous recombination with chromosomal sequences, into and disrupting the function of the nucleotide sequence of the endogenous target gene. The transgene can also be selectively introduced into a particular cell type, thus inactivating the endogenous gene of interest in only that cell type, by following the teaching of Gu *et al.* (*Science* 265:103-06 (1994)). The regulatory sequences required for such a cell-type specific inactivation depends upon the particular cell type of interest, and will be apparent to those of skill in the art.

15 Once transgenic animals have been generated, the expression of the recombinant target gene and protein can be assayed using standard techniques. Initial screening can be accomplished by Southern blot analysis or PCR techniques to analyze animal tissues to assay whether integration of the transgene has taken place. The level of mRNA expression of the transgene in the tissues of the transgenic animals can also be assessed using techniques which include Northern blot analysis of tissue samples obtained from the animal, *in situ* hybridization analysis, and RT- 20 coupled PCR. Samples of target gene-expressing tissue can also be evaluated immunocytochemically using antibodies specific for the transgenic product of interest.

The target gene transgenic animals that express target gene mRNA or target gene transgene peptide (detected immunocytochemically, using antibodies directed against target gene product epitopes) at easily detectable levels should then be further evaluated to identify those animals which display disease characteristics or symptoms. 25 Additionally, specific cell types within the transgenic animals can be analyzed for cellular phenotypes characteristic of a disease, specifically cardiac, kidney or inflammatory disease. Such cellular phenotypes can include, for example, differential gene expression characteristic of cells within a given disease state of interest. Further, such cellular phenotypes can include an assessment of a particular cell type diagnostic pattern of expression and its comparison to known diagnostic expression profiles of the particular cell type in animals exhibiting a disease, specifically cardiac, 30 kidney or inflammatory disease. Such transgenic animals serve as suitable models.

Once target gene transgenic founder animals are produced (*i.e.*, those animals which express target gene proteins in cells or tissues of interest, and which preferably exhibit disease characteristics), they can be bred, inbred, outbred, or crossbred to produce colonies of the particular animal.

#### B. CELL-BASED ASSAYS

Cells that contain and express target gene sequences which encode target gene protein, and further, exhibit cellular phenotypes associated with disease, specifically cardiac, kidney or inflammatory disease, disorders, can be utilized to identify compounds that exhibit an ability to prevent, treat or identify a disease, and include the *in vitro* models described *supra*. For example, the diagnostic pattern of gene expression of cells of interest can be analyzed and compared to the normal diagnostic pattern. Those compounds which cause cells exhibiting cellular phenotypes of disease, specifically cardiac, kidney or inflammatory disease, disorders to produce a diagnostic pattern more closely resembling a normal diagnostic pattern for the cell of interest can be considered candidates for further testing regarding an ability to ameliorate the symptoms of such diseases. Such cells include cardiac myocytes, cardiac fibroblasts, monocyte/macrophages, and kidney epithelial cells.

10 Further, cells which can be used for such assays can also include recombinant, transgenic cell lines. For example, the animal models of the present invention can be used to generate cell lines, containing one or more cell types involved in a disease, specifically cardiac, kidney or inflammatory disease, that can be used as cell culture models for these disorders. For examples of techniques which can be used to derive a continuous cell line from transgenic animals, see Small *et al.*, *Mol. Cell Biol.* 5:642-48 (1985).

15 Alternatively, cells of a cell type known to be involved in disease can be transfected with sequences capable of increasing or decreasing the amount of target gene expression within the cell. For example, target gene sequences can be introduced into, and over expressed in, the genome of the cell of interest, or if endogenous target gene sequences are present, they can either be overexpressed or, be disrupted in order to underexpress or inactivate target gene expression.

20 To overexpress a target gene sequence, the coding portion of the target gene sequence can be ligated to a regulatory sequence capable of driving gene expression in the cell type of interest. Such regulatory regions are well known to those of skill in the art.

For underexpression of an endogenous target gene sequence, such a sequence can be isolated and engineered so that reintroduction into the genome of the cell type of interest disrupts the endogenous target gene alleles.

25 Preferably, the engineered target gene sequence is introduced via gene targeting such that the endogenous target sequence is disrupted upon integration of the engineered target gene sequence into the cell's genome.

30 Transfection of target gene sequence nucleic acids can be accomplished by using standard techniques. See, e.g., Ausubel *et al.*, *supra*. Transfected cells should be evaluated for the presence of the recombinant target gene sequences, for expression and accumulation of target gene mRNA, and for the presence of recombinant target gene protein production. Where a decrease in target gene expression is desired, standard techniques can be used to demonstrate whether a decrease in endogenous target gene expression or in target gene product production is achieved.

## XXI. SCREENING ASSAYS FOR COMPOUNDS THAT INTERACT WITH THE TARGET GENE PRODUCT

35 In models designed to identify differentially expressed genes that are involved in a disease, specifically

cardiac, kidney or inflammatory disease, compounds known to have an ameliorative effect on the disease can also be used in *in vivo* and *in vitro* models to detect differentially expressed genes. Such compounds can include known therapeutics, as well as compounds that are not useful as therapeutics due to their harmful side effects. For example, cells from disease states that are cultured can be exposed to these compounds and analyzed for differential gene expression with respect to untreated cells, according to the methods described below. In a preferred embodiment, microarray analysis is used for analysis of differential gene expression. In principle, these compounds can treat any cell type involved in a disease and disorders thereof at any stage of the disease process.

Cells involved in a disease, specifically cardiac, kidney or inflammatory disease, can also be compared to unrelated cells (e.g., fibroblasts), which have been treated with the compound, such that any generic effects on gene expression that might not be related to the disease or its treatment may be identified. Such generic effects might be manifest, for example, by changes in gene expression that are common to the test cells and the unrelated cells upon treatment with the compound. By these methods, the genes and gene products upon which these compounds act can be identified and used in the assays described below to identify novel therapeutic compounds for inhibition of a disease and related disorders.

Specifically, the present invention provides methods for identifying compounds or agents, which can be used to treat a disease, specifically cardiac, kidney or inflammatory disease, associated with differential gene expression or polypeptide activity. These drug screening assays typically include the step of screening a candidate/test compound or agent for the ability to interact with (e.g., bind to) a polypeptide, to modulate the interaction of a polypeptide and a target molecule, or to modulate nucleic acid expression or polypeptide activity. Candidate/test compounds or agents which have one or more of these abilities can be used as drugs to treat disorders characterized by differential nucleic acid expression or polypeptide activity. Candidate/test compounds include, for example, peptides such as soluble peptides, including Ig-tailed fusion peptides and members of random peptide libraries (see, e.g., Lam *et al.*, *Nature* 354:82-84 (1991); Houghten *et al.*, *Nature* 354:84-86 (1991)) and combinatorial chemistry-derived molecular libraries made of D- or L- configuration amino acids; phosphopeptides (e.g., members of random and partially degenerate, directed phosphopeptide libraries, see, e.g., Songyang *et al.*, *Cell* 72:767-78 (1993); antibodies (e.g., polyclonal, monoclonal, humanized, anti-idiotypic, chimeric, and single chain antibodies as well as Fab, F(ab')<sub>2</sub>, Fab expression library fragments, and epitope-binding fragments of antibodies); and small organic and inorganic molecules (e.g., molecules obtained from combinatorial and natural product libraries).

Another aspect of the invention relates to methods, e.g., screening assays, for identifying a compound or agent for treating a disorder characterized by differentially expressed gene expression or polypeptide activity. These methods typically include assaying the ability of the compound or agent to modulate the expression of the differentially expressed gene or the activity of its polypeptide, thereby identifying a compound or agent for treating a disease, specifically cardiac, kidney or inflammatory disease, characterized by differential expression of a gene or its expression

product. *See, e.g.*, U.S. Patent No. 5, 846,720, which is incorporated herein by reference in its entirety. In a preferred embodiment, the method involves contacting a biological sample obtained from a subject having a disease, specifically cardiac, kidney or inflammatory disease, with the compound or agent, determining the amount of differentially expressed gene nucleic acid expressed or measuring the activity of the polypeptide in the biological sample, comparing the amount of differentially expressed gene expressed in the biological sample or the measurable differentially expressed gene biological activity in the cell to that of a normal sample. An alteration in the amount of differentially expressed gene expression or polypeptide activity in the cell exposed to the compound or agent in comparison to the normal sample is indicative of a modulation of differentially expressed gene expression or polypeptide activity. Microarrays, in a preferred embodiment, are utilized to assess differentiated gene expression.

The invention also pertains to methods for modulating a cell associated activity, *e.g.*, proliferation, differentiation, or cytokine production. Such methods include contacting the cell with an differentially expressed gene modulator such that a cell associated activity is altered relative to a cell associated activity (*e.g.*, the same cell associated activity) of the cell in the absence of the agent. The differentially expressed gene modulator can stimulate polypeptide activity or differentially expressed gene expression. Examples of such stimulatory differentially expressed gene modulators include small molecules, active polypeptides, and nucleic acids encoding the differentially expressed gene that have been introduced into the cell. Alternatively, the differentially expressed gene modulator can inhibit polypeptide activity or differentially expressed gene expression. Examples of such inhibitory modulators include small molecules, antisense nucleic acid molecules, and antibodies that specifically react with an epitope of the gene or its expression product. In a preferred embodiment, the cell is present within a subject, and the agent is administered to the subject.

The nucleic acid molecules, polypeptides, polypeptide homologs, modulators, and antibodies described herein preferably can be used in drug screening assays, diagnostic assays, and methods of treatment. The isolated nucleic acid molecules of the invention can be used to express polypeptides (*e.g.*, via a recombinant expression vector in a host cell in gene therapy applications), to detect differentially expressed gene mRNA (*e.g.*, in a biological sample) or a genetic lesion in a gene, and to modulate differentially expressed gene activity. In addition, the differentially expressed gene proteins can be used to screen drugs or compounds which modulate polypeptide activity as well as to treat disorders characterized by insufficient production of polypeptide or production of polypeptide forms which have decreased activity compared to a normal subject. Moreover, anti-differentially expressed gene antibodies of the invention can be used to detect and isolate expressed polypeptide and modulate differentially expressed disease, specifically cardiac, kidney or inflammatory disease, gene polypeptide activity.

In one embodiment, the invention provides assays for screening candidate/test compounds, which interact with differentially expressed disease genes. Typically, the assays may be cell-free assays which include the steps of combining a polypeptide, or a bioactive fragment thereof, and a candidate/test compound, under conditions which allow for interaction of the candidate/test compound to the polypeptide or fragment thereof to form a complex, and 5 detecting the formation of a complex, in which the ability of the candidate compound to interact with the polypeptide or fragment thereof is indicated by the presence of the candidate compound in the complex. Formation of complexes between the polypeptide and the candidate compound can be quantitated, for example, using standard immunoassays.

In another embodiment, the invention provides screening assays to identify candidate/test compounds which modulate the interaction (and most likely differentially expressed gene activity as well) between a polypeptide and a 10 molecule (target molecule) with which the polypeptide normally interacts. Examples of such target molecules includes proteins in the same signaling path as the polypeptide, e.g., proteins which may function upstream (including both stimulators and inhibitors of activity) or downstream of the polypeptide in a interactive involving regulation of myocyte ion channels. Typically, the assays are cell-free assays which include the steps of combining polypeptide or a bioactive 15 fragment thereof, differentially expressed gene target molecule (e.g., an differentially expressed gene ligand) and a candidate/test compound under conditions where but for the presence of the candidate compound, the polypeptide or biologically active portion thereof interacts with the target molecule. A complex which includes the polypeptide and the target molecule is then formed or the interaction/reaction of the polypeptide and the target molecule is detected. Detection of complex formation can include direct quantitation of the complex by measuring inductive effects of the polypeptide.

20 A statistically significant change, such as a decrease, in the interaction of the differentially expressed gene and target molecule (e.g., in the formation of a complex between the differentially expressed gene and the target molecule) in the presence of a candidate compound (relative to what is detected in the absence of the candidate compound) is indicative of a modulation of the interaction between the polypeptide and the target molecule. Modulation of the formation of complexes between the polypeptide and the target molecule can be quantitated using 25 an immunoassay.

To perform the above drug screening assays, it is desirable to immobilize either the differentially expressed gene or its target molecule to facilitate separation of complexes from uncomplexed forms of one or both of the proteins, as well as to accommodate automation of the assay. Interaction of differentially expressed gene with a target molecule, in the presence and absence of a candidate compound, can be accomplished in any vessel suitable for 30 containing the reactants. Examples of such vessels include microtiter plates, test tubes, and microcentrifuge tubes. In one embodiment, a fusion polypeptide can be provided which adds a domain that allows the polypeptide to be bound to a matrix.

For example, glutathione S-transferase/differentially expressed gene fusion polypeptides can be adsorbed onto glutathione sepharose beads (Sigma Chemical, St. Louis, MO) or glutathione derivatized microtiter plates, which

are then combined with the cell lysates (e.g.,  $^{35}$ S-labeled) and the candidate compound, and the mixture incubated under conditions conducive to complex formation (e.g., at physiological conditions for salt and pH). Following incubation, the beads are washed to remove any unbound label, and the matrix immobilized and the radiolabel determined directly, or in the supernatant after the complexes are dissociated. Alternatively, the complexes can be dissociated from the matrix, separated by SDS PAGE, and the level of differentially expressed disease, specifically cardiac, kidney or inflammatory disease, gene-binding polypeptide found in the bead fraction quantitated from the gel using standard electrophoretic techniques.

In yet another embodiment, the invention provides a method for identifying a compound (e.g., a screening assay) capable of use in the treatment of a disorder characterized by (or associated with) differentially expressed disease gene expression or polypeptide activity. This method typically includes the step of assaying the ability of the compound or agent to modulate the expression of the differentially expressed gene or the activity of the polypeptide, thereby identifying a compound for treating a disorder characterized by differentially expressed gene expression or polypeptide activity. Disorders characterized by differentially expressed gene expression or polypeptide activity are described herein. Methods for assaying the ability of the compound or agent to modulate the expression of the differentially expressed gene nucleic acid or activity of the polypeptide are typically cell-based assays. For example, cells sensitive to ligands which transduce signals via an interactive involving differentially expressed gene can be induced to overexpress an polypeptide in the presence and absence of a candidate compound. Candidate compounds that produce a statistically significant change in gene-dependent responses (either stimulation or inhibition) can be identified. In one embodiment, expression of the differentially expressed disease gene nucleic acid or activity of a polypeptide is modulated in cells and the effects of candidate compounds on the readout of interest (such as rate of cell proliferation or differentiation) are measured. For example, the expression of genes, which are up- or down-regulated in response to gene-dependent signal cascade, can be assayed. In preferred embodiments, the regulatory regions of such genes, e.g., the 5' flanking promoter and enhancer regions, are operably linked to a detectable marker (such as luciferase) which encodes a gene product that can be readily detected. Phosphorylation of differentially expressed gene or differentially expressed gene target molecules can also be measured, for example, by immunoblotting.

Alternatively, modulators of differentially expressed disease gene expression (e.g., compounds which can be used to treat a disease, specifically cardiac, kidney or inflammatory disease, or related disorders characterized by differentially expressed gene expression or polypeptide activity) can be identified in a method wherein a cell is contacted with a candidate compound and the expression of differentially expressed gene mRNA or polypeptide in the cell is determined. In a preferred embodiment, microarrays are utilized to assess expression levels. The level of expression of differentially expressed gene mRNA or polypeptide in the presence of the candidate compound is compared to the level of expression of differentially expressed gene mRNA or polypeptide in the absence of the candidate compound. The candidate compound can then be identified as a modulator of differentially expressed gene

expression based on this comparison and be used to treat a disorder characterized by aberrant differentially expressed gene expression. For example, when expression of differentially expressed gene mRNA or polypeptide is greater (preferably statistically significantly greater) in the presence of the candidate compound than in its absence, the candidate compound may be identified as a stimulator of differentially expressed gene expression. Alternatively, when differentially expressed gene expression is less (preferably statistically significantly less) in the presence of the candidate compound than in its absence, the candidate compound may be identified as an inhibitor of differentially expressed gene expression. The level of differentially expressed gene expression in the cells can be determined by methods described herein for detecting differentially expressed gene mRNA or protein.

In yet another aspect of the invention, the polypeptides can be used as "bait proteins" in a two-hybrid assay (see, e.g., U.S. Patent No. 5,283,317; Zervos *et al.*, *Cell* 72:223-32 (1993); Madura *et al.*, *Biol. Chem.* 268:12046-54 (1993); Bartel *et al.*, *Biotechniques* 14:920-24 (1993); Iwabuchi *et al.*, *Oncogene* 8:1693-96 (1993); and PCT Application WO 94/10300), to identify other proteins, which bind to or interact with differentially expressed gene, ("gene-binding proteins" or "gene-bp") and modulate polypeptide activity. Such gene binding proteins are also likely to be involved in the propagation of signals by the polypeptides as, for example, upstream or downstream elements of the differentially expressed gene interaction.

Compounds identified via assays such as those described herein can be useful, for example, in elaborating the biological function of the target gene product, and for ameliorating symptoms of a disease, specifically cardiac, kidney or inflammatory disease. In instances when a disease state or disorder results from a lower overall level of target gene expression, target gene product, or target gene product activity in a cell involved in the disease, compounds that interact with the target gene product can include ones accentuating or amplifying the activity of the bound target gene protein. Such compounds would bring about an effective increase in the level of target gene activity, thus ameliorating symptoms of the disease disorder or state. Where mutations within the target gene cause aberrant target gene proteins to be made, which have a deleterious effect that leads to a disease, compounds that bind target gene protein can be identified that inhibit the activity of the bound target gene protein.

## 25 XXII. IN VITRO SCREENING ASSAYS FOR COMPOUNDS THAT BIND TO A TARGET GENE PRODUCT

Another aspect of the invention pertains to methods for identifying compounds or agents for treating a disorder characterized by differential gene expression associated with a disease, specifically cardiac, kidney or inflammatory disease. These methods typically include assaying the ability of the compound or agent to modulate the expression of the differentially expressed gene or the activity of a polypeptide encoded by that gene thereby identifying a compound or agent for treating a disease, specifically cardiac, kidney or inflammatory disease, characterized by differential nucleic acid expression or polypeptide activity. In a preferred embodiment, the method involves contacting a biological sample, e.g., a cell or tissue sample obtained from a subject, with the compound or agent, determining the amount of the differentially expressed gene expressed or measuring the activity of the polypeptide encoded by that gene in the biological sample, comparing the amount of differentially expressed gene in the biological sample or the

measurable biological activity of the encoded polypeptide in the cell to that of a sample from a normal subject. An alteration in the amount of the differentially expressed gene expression or polypeptide activity in the cell exposed to the compound or agent in comparison to the control is indicative of a modulation of the differentially expressed gene expression or polypeptide activity.

5        *In vitro* systems can be designed to identify compounds capable of binding the target gene products of the invention. Compounds identified can be useful, for example, in modulating the activity of normal or mutant target gene products, preferably mutant target gene proteins, can be useful in elaborating the biological function of the target gene product, can be utilized in screens for identifying compounds that disrupt normal target gene interactions, or can in themselves disrupt such interactions.

10        The principle of the assays used to identify compounds that bind to the target gene product involves preparing a reaction mixture of the target gene protein and the test compound under conditions and for a time sufficient to allow the two components to interact and bind, thus forming a complex which can be removed or detected in the reaction mixture. These assays can be conducted in a variety of ways. For example, one method to conduct such an assay would involve anchoring target gene product or the test substance onto a solid phase and detecting target 15 gene product/test compound complexes anchored on the solid phase at the end of the reaction. In one embodiment of such a method, the target gene product can be anchored onto a solid surface, and the test compound, which is not anchored, can be labeled either directly or indirectly.

20        In practice, microtiter plates can conveniently be utilized as the solid phase. The anchored component can be immobilized by non-covalent or covalent attachments. Non-covalent attachment can be accomplished by simply coating the solid surface with a solution of the protein and drying. Alternatively, an immobilized antibody, preferably a monoclonal antibody, specific for the protein to be immobilized can be used to anchor the protein to the solid surface. The surfaces can be prepared in advance and stored.

25        In order to conduct the assay, the nonimmobilized component is added to the coated surface containing the anchored component. After the reaction is complete, unreacted components are removed (*e.g.*, by washing) under conditions such that any complexes formed will remain immobilized on the solid surface. The detection of complexes anchored on the solid surface can be accomplished in a number of ways. Where the previously immobilized component is pre-labeled, the detection of label immobilized on the surface indicates that complexes were formed. Where the previously nonimmobilized component is not pre-labeled, an indirect label can be used to detect complexes anchored on the surface, *e.g.*, using a labeled antibody specific for the immobilized component (the antibody, in turn, can be directly 30 labeled or indirectly labeled with a labeled anti-Ig antibody).

Alternatively, a reaction can be conducted in a liquid phase, the reaction products separated from unreacted components, and complexes detected, *e.g.*, using an immobilized antibody specific for target gene or the test compound to anchor any complexes formed in solution, and a labeled antibody specific for the other component of the possible complex to detect anchored complexes.

### 30        XXIII. ASSAYS FOR CELLULAR PROTEINS THAT INTERACT WITH THE TARGET GENE PRODUCT

Any method suitable for detecting protein-protein interactions can be employed for identifying novel target product-cellular or extracellular protein interactions. The methods outlined, *supra*, for the identification of interactive genes can be utilized herein with respect to the identification of proteins, which interact with identified target proteins.

5 In such a case, the target gene serves as the known "bait" gene.

#### XXIV. ASSAYS FOR COMPOUNDS THAT INTERFERE WITH TARGET GENE/CELLULAR PRODUCT INTERACTION

The target gene products of the invention can, *in vivo*, interact with one or more cellular or extracellular 10 macromolecules, such as proteins. Such macromolecules include nucleic acid molecules and those products identified via methods such as those described above. Such cellular and extracellular macromolecules are referred to herein as "binding partners." Compounds that disrupt such interactions can be useful in regulating the activity of the target gene product, especially mutant target gene products.

In a preferred embodiment, the assay systems used to identify compounds that interfere with the interaction 15 between the target gene product and its cellular or extracellular binding partner or partners involve preparing a reaction mixture containing the target gene product and the binding partner under conditions and for a time sufficient to allow the two products to interact and bind, thus forming a complex. To test a compound for inhibitory activity, the reaction mixture is prepared in the presence and absence of the test compound. The test compound can be initially included in the reaction mixture, or can be added at a time subsequent to the addition of target gene and its cellular or 20 extracellular binding partner. Control reaction mixtures are incubated without the test compound or with a placebo. The formation of any complexes between the target gene product and the cellular or extracellular binding partner is then detected. The formation of a complex in the control reaction, but not in the reaction mixture containing the test compound, indicates that the compound interferes with the interaction of the target gene product and the interactive binding partner. Additionally, complex formation within reaction mixtures containing the test compound and normal 25 target gene product can also be compared to complex formation within reaction mixtures containing the test compound and mutant target gene product. This comparison can be important in those cases where it is desirable to identify compounds that disrupt interactions of mutant but not normal target gene products.

The assay for compounds that interfere with the interaction of the target gene products and binding partners can be conducted in a heterogeneous or homogeneous format. Heterogeneous assays involve anchoring either the 30 target gene product or the binding partner onto a solid phase and detecting complexes anchored on the solid phase at the end of the reaction. In homogeneous assays, the entire reaction is carried out in a liquid phase. In either approach, the order of addition of reactants can be varied to obtain different information about the compounds being tested. Test compounds interfering with the interaction between the target gene products and the binding partners, *e.g.*, by competition, can be identified by conducting the reaction in the presence of the test substance; *i.e.*, by adding the test 35 substance to the reaction mixture prior to or simultaneously with the target gene product and interactive cellular or extracellular binding partner. Alternatively, test compounds that disrupt preformed complexes, *e.g.*, compounds with

higher binding constants that displace one of the components from the complex, can be tested by adding the test compound to the reaction mixture after complexes have been formed. The various formats are described briefly below.

In a heterogeneous assay system, either the target gene product or the interactive cellular or extracellular binding partner, is anchored onto a solid surface, while the non-anchored species is labeled, either directly or indirectly.

5 In practice, microtiter plates are conveniently utilized. The anchored species can be immobilized by non-covalent or covalent attachments. Non-covalent attachment can be accomplished simply by coating the solid surface with a solution of the target gene product or binding partner and drying. Alternatively, an immobilized antibody specific for the species to be anchored can be used to anchor the species to the solid surface. The surfaces can be prepared in advance and stored.

10 In order to conduct the assay, the partner of the immobilized species is exposed to the coated surface with or without the test compound. After the reaction is complete, unreacted components are removed (*e.g.*, by washing) and any complexes formed will remain immobilized on the solid surface. The detection of complexes anchored on the solid surface can be accomplished in a number of ways. Where the non-immobilized species is pre-labeled, the detection of label immobilized on the surface indicates that complexes were formed. Where the non-immobilized species is not pre-labeled, an indirect label can be used to detect complexes anchored on the surface; *e.g.*, using a labeled antibody specific for the initially non-immobilized species (the antibody, in turn, can be directly labeled or indirectly labeled with a labeled anti-Ig antibody). Depending upon the order of addition of reaction components, test compounds which inhibit complex formation or which disrupt preformed complexes can be detected.

15 Alternatively, the reaction can be conducted in a liquid phase in the presence or absence of the test compound, the reaction products separated from unreacted components, and complexes detected; *e.g.*, using an immobilized antibody specific for one of the binding components to anchor any complexes formed in solution, and a labeled antibody specific for the other partner to detect anchored complexes. Again, depending upon the order of addition of reactants to the liquid phase, test compounds which inhibit complex or which disrupt preformed complexes can be identified.

20 In an alternate embodiment of the invention, a homogeneous assay can be used. In this approach, a preformed complex of the target gene product and the interactive cellular or extracellular binding partner product is prepared in which either the target gene products or their binding partners are labeled, but the signal generated by the label is quenched due to complex formation (*see, e.g.*, U.S. Patent No. 4,109,496, which utilizes this approach for immunoassays). The addition of a test substance that competes with and displaces one of the species from the pre-formed complex will result in the generation of a signal above background. In this way, test substances disrupting target gene product-cellular or extracellular binding partner interaction can be identified.

25 In a particular embodiment, the target gene product can be prepared for immobilization using recombinant DNA techniques described *supra*. For example, the target gene coding region can be fused to a glutathione-S-transferase (GST) gene using a fusion vector such as pGEX-5X-1, in such a manner that its binding activity is

maintained in the resulting fusion product. The interactive cellular or extracellular product can be purified and used to raise a monoclonal antibody, using methods routinely practiced in the art and described above. In a heterogeneous assay, the GST-Target gene fusion product can be anchored to glutathione-agarose beads. The interactive cellular or extracellular binding partner product can then be added in the presence or absence of the test compound in a manner  
5 that allows interaction and binding to occur. At the end of the reaction period, unbound material can be washed away, and the labeled monoclonal antibody can be added to the system and allowed to bind to the complexed components. The interaction between the target gene product and the interactive cellular or extracellular binding partner can be detected by measuring the amount of radioactivity that remains associated with the glutathione-agarose beads. A successful inhibition of the interaction by the test compound will result in a decrease in measured radioactivity.

10 Alternatively, the GST-target gene fusion product and the interactive cellular or extracellular binding partner product can be mixed together in liquid in the absence of the solid glutathione-agarose beads. The test compound can be added either during or after the binding partners are allowed to interact. This mixture can then be added to the glutathione-agarose beads and unbound material is washed away. Again the extent of inhibition of the binding partner interaction can be detected by adding the labeled antibody and measuring the radioactivity associated with the beads.

15 In another embodiment of the invention, these same techniques can be employed using peptide fragments that correspond to the binding domains of the target gene product and the interactive cellular or extracellular binding partner (in case where the binding partner is a product), in place of one or both of the full length products. Any number of methods routinely practiced in the art can be used to identify and isolate the protein's binding site. These methods include, but are not limited to, mutagenesis of one of the genes encoding one of the products and screening for  
20 disruption of binding in a co-immunoprecipitation assay. Compensating mutations in the gene encoding the second species in the complex can be selected. Sequence analysis of the genes encoding the respective products will reveal the mutations that correspond to the region of the product involved in interactive binding. Alternatively, one product can be anchored to a solid surface, and allowed to interact with and bind to its labeled binding partner, which has been treated with a proteolytic enzyme, such as trypsin. After washing, a short labeled peptide comprising the binding  
25 domain can remain associated with the solid material, which can be isolated and identified by amino acid sequencing. Also, once the gene coding for the cellular or extracellular binding partner product is obtained, short gene segments can be engineered to express peptide fragments of the product, which can then be tested for binding activity and purified or synthesized.

#### XXV. ASSAYS FOR AMELIORATION OF DISEASE SYMPTOMS

30 Any of the binding compounds, including compounds such as those identified in the foregoing assay systems, can be tested for the ability to prevent or ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease. Cell-based and animal model-based assays for the identification of compounds exhibiting an ability to prevent or ameliorate disease symptoms are described herein.

In a preferred embodiment, cell-based *in vitro* systems such as those described above can be used to identify

compounds that can act to ameliorate symptoms of a disease. For example, such cell systems can be exposed to a compound suspected to exhibit an ability to ameliorate a disease or its symptoms, at a sufficient concentration and for a time sufficient to elicit such an amelioration in the exposed cells. After exposure, the cells are examined to determine whether one or more disease disorder phenotypes has been altered to resemble a more normal or more wild-type disease phenotype.

In another preferred embodiment, animal-based *in vivo* models can be used to identify compounds capable of ameliorating symptoms of a disease, specifically cardiac, kidney or inflammatory disease. Such animal models can be used as test substrates for the identification of drugs, pharmaceuticals, therapies, and interventions which can be effective in treating a disease, specifically cardiac, kidney or inflammatory disease, and related disorders. For example, animal models can be exposed to a compound suspected to exhibit an ability to ameliorate a disease or its symptoms at a sufficient concentration and for a time sufficient to elicit such amelioration in the exposed animals. The response of the animals to the exposure can be monitored by assessing the reversal of disorders associated with a disease. Concerning intervention, any treatments that reverse any aspect of symptoms of a disease, specifically cardiac, kidney or inflammatory disease, should be considered as candidates for human therapeutic intervention in the treatment of a disease. Dosages of test agents can be determined by deriving dose-response curves, as discussed below.

Further, gene expression patterns can be utilized to assess the ability of a compound to ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease. For example, diagnostic gene expression or a diagnostic pattern can then be used in such an assessment. Diagnostic gene expression and diagnostic patterns are described below.

Diagnostic patterns can be characterized for known disease states within the cell- or animal-based model systems. Subsequently, these known diagnostic patterns can be compared to ascertain the effect a test compound has to modify such diagnostic patterns and to cause the pattern to more closely resemble that of a more desirable diagnostic pattern.

For example, administration of a compound can cause the diagnostic pattern of a disease, specifically cardiac, kidney or inflammatory disease, model system to more closely resemble a control, normal system. Administration of a compound can alternatively cause the diagnostic pattern of a control system to begin to mimic a disease state.

## XXVI. MONITORING OF EFFECTS DURING CLINICAL TRIALS

Monitoring the influence of compounds in a disease, specifically cardiac, kidney or inflammatory disease, can be applied not only in basic drug screening, but also in clinical trials. In such clinical trials, the expression of a panel of genes that have been discovered by the methods of the present invention can be used as a indicator of the disease, specifically cardiac, kidney or inflammatory disease, state of a particular cell.

For example, in a clinical trial, peripheral blood can be isolated, and RNA prepared and analyzed by microarray

as described *supra*. The levels of expression of the diagnostic genes can be quantified by microarray or RT-PCR, or alternatively by measuring the amount of protein produced. In this way, the diagnostic profiles can serve as putative biomarkers indicative of the disease. Thus, by monitoring the level of expression of a differentially expressed gene of the present invention, a protocol for suitable drugs can be developed based on the gene expression potential of the subject cardiac cells. Indeed, biological samples can be periodically obtained from a treated subject for measurement of gene expression so that the efficacy of a drug can be measured by monitoring the degree of restored expression of the gene.

## XXVII. COMPOUNDS AND METHODS FOR TREATMENT OF A DISEASE

The present invention relates to methods and compositions that can be used to ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease, and its related disorders by target gene modulation. Target gene modulation can be of a positive or negative nature, depending on the specific situation involved, but each modulatory event preferably yields a net result in which disease, specifically cardiac, kidney or inflammatory disease, symptoms are ameliorated.

"Negative modulation," as used herein, refers to a reduction in the level or activity of target gene product relative to the level or activity of the target gene product in the absence of the modulatory treatment.

"Positive modulation," as used herein, refers to an increase in the level or activity of target gene product relative to the level or activity of target gene product in the absence of modulatory treatment.

Another aspect of the invention pertains to methods for treating a subject, *e.g.*, a human, having a disease or disorder characterized by (or associated with) differentially expressed gene expression or polypeptide activity. These methods include the step of administering a differentially expressed gene modulator to the subject such that treatment occurs. The terms "treating" or "treatment" include the reduction or alleviation of at least one adverse effect or symptom of a disorder or disease, *e.g.*, a disorder or disease characterized by or associated with differentially expressed gene expression.

As used herein, a differentially expressed gene modulator is a molecule, which can modulate differentially expressed gene expression or polypeptide activity. For example, a differentially expressed gene modulator can modulate, *e.g.*, upregulate (activate) or downregulate (suppress), differentially expressed gene expression. In another example, a differentially expressed gene modulator can modulate (*e.g.*, stimulate or inhibit) expression product or polypeptide activity. If it is desirable to treat a disease, specifically cardiac, kidney or inflammatory disease, associated with differentially expressed gene expression or polypeptide activity by inhibiting differentially expressed gene expression, an differentially expressed gene modulator can be an antisense molecule. Examples of antisense molecules which can be used to inhibit differentially expressed gene expression include antisense molecules which are complementary to a portion of the 5' untranslated region of the coding sequence of the gene (*e.g.*, SEQ ID NO:25) which also includes the start codon and antisense molecules which are complementary to a portion of the 3' untranslated region of the gene.

A differentially expressed gene modulator that inhibits differentially expressed gene expression can also be a small molecule or other drug, e.g., a small molecule or drug identified using the screening assays described herein, which inhibits differentially expressed gene expression. If it is desirable to treat a disease or disorder characterized by (or associated with) differentially expressed gene expression or polypeptide activity by stimulating differentially expressed gene expression, a differentially expressed gene modulator can be, for example, a nucleic acid molecule encoding differentially expressed gene (e.g., a nucleic acid molecule comprising a nucleotide sequence homologous to the nucleotide sequence of SEQ ID NO:25) or a small molecule (e.g., a peptide) or drug identified using the screening assays described herein, which stimulates differentially expressed gene expression. Indeed, the modulator can be the differentially expressed gene or expression product itself.

Alternatively, if one desires to treat a disease, specifically cardiac, kidney or inflammatory disease, or its related disorder associated with differentially expressed gene expression or polypeptide activity by inhibiting polypeptide activity, an differentially expressed gene modulator can be an anti-differentially expressed gene antibody or a small molecule or other drug, e.g., a small molecule or drug identified using the screening assays described herein, which inhibits polypeptide activity. If it is desirable to treat a disease or disorder characterized by (or associated with) differentially expressed gene expression or polypeptide activity by stimulating polypeptide activity, an differentially expressed gene modulator can be an active polypeptide or portion thereof, including the differentially expressed polypeptide itself (e.g., an polypeptide or portion thereof having an amino acid sequence which is homologous to the amino acid sequence of SEQ ID NO:37 (or a portion thereof)) or a small molecule or other drug, e.g., a small molecule or drug identified using the screening assays described herein, which stimulates polypeptide activity. The modulator can be the differentially expressed gene or expression product itself.

Other aspects of the invention pertain to methods for modulating a cell associated activity. These methods include contacting the cell with an agent (or a composition which includes an effective amount of an agent) which modulates polypeptide activity or differentially expressed gene expression such that a cell associated activity is altered relative to a cell associated activity of the cell in the absence of the agent. A "cell associated activity" refers to a normal or abnormal activity or function of a cell. Examples of cell associated activities include proliferation, migration, differentiation, production or secretion of molecules such as proteins, and cell survival. In a preferred embodiment, the cell may be a cardiac cell of the heart, e.g., a cardiac myocyte.

The term "altered" relates to a change, e.g., an increase or decrease, of a cell associated activity. In one embodiment, the agent stimulates polypeptide activity or nucleic acid expression. Examples of such stimulatory agents include an active gene protein, a nucleic acid molecule encoding differentially expressed gene that has been introduced into the cell, and a modulatory agent which stimulates polypeptide activity or differentially expressed gene expression and which is identified using the drug screening assays described herein.

In another embodiment, the agent inhibits polypeptide activity or differentially expressed gene expression.

Examples of such inhibitory agents include an antisense differentially expressed gene nucleic acid molecule, an anti-differentially expressed gene antibody, and a modulatory agent which inhibits polypeptide activity or differentially expressed gene expression and which is identified using the drug screening assays described herein. These modulatory methods can be performed *in vitro* (e.g., by culturing the cell with the agent) or, alternatively, *in vivo* (e.g., by 5 administering the agent to a subject). In a preferred embodiment, the modulatory methods are performed *in vivo*, i.e., the cell is present within a subject and the subject has a disorder or disease characterized by or associated with abnormal or aberrant polypeptide activity or differentially expressed gene expression.

It is possible that a disease can be brought about, at least in part, by an abnormal level of differentially expressed gene product, or by the presence of a gene product exhibiting abnormal activity. As such, the reduction in 10 the level or activity of such gene products would bring about the amelioration of disease symptoms. Negative modulatory techniques for the reduction of target gene expression levels or target gene product activity levels are discussed below.

Alternatively, it is possible that a disease, specifically cardiac, kidney or inflammatory disease, can be brought about, at least in part, by the absence or reduction of the level of gene expression, or a reduction in the level of 15 a gene product's activity. As such, an increase in the level of gene expression or the activity of such gene products would bring about the amelioration of a disease, specifically cardiac, kidney or inflammatory disease, symptoms.

By way of example, diagnostic genes discovered by the methods of the present invention are observed to be down-regulated in the disease state (e.g., BTG-2). A positive modulatory technique that increases such gene expression in cells within a disease state should, therefore, act to ameliorate the symptoms of such a state. Further, 20 because the gene product may exhibit suppressor features, it is possible that a positive modulatory technique could ameliorate symptoms of many disease events. Positive modulatory techniques for increasing the target gene expression levels or target gene product activity levels are discussed below.

### XXVIII. NEGATIVE MODULATORY TECHNIQUES

As discussed above, treatment of disease, specifically cardiac, kidney or inflammatory disease, symptoms 25 and disorders involving such a disease, can be brought about by techniques that serve to inhibit the expression or activity of target gene products. For example, compounds within the context of the present invention that exhibit negative modulatory activity can be used in accordance with the invention to prevent or ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease. Such molecules can include, but are not limited to peptides, phosphopeptides, small organic or inorganic molecules, or antibodies (including, for example, polyclonal, 30 monoclonal, humanized, anti-idiotypic, chimeric or single chain antibodies, and Fab, F(ab')<sub>2</sub> and Fab expression library fragments, and epitope-binding fragments thereof). Negative modulatory techniques involving antibody administration are described below, as well as techniques for the determination and administration of such compounds.

Further, antisense and ribozyme molecules which inhibit expression of the target gene can also be used in accordance with the invention to reduce the level of target gene expression, thus effectively reducing the level of

target gene activity. Still further, triple helix molecules can be utilized in reducing the level of target gene activity.

The invention also pertains to methods for modulating a cell associated activity. Such methods include contacting the cell with a modulator of the differentially expressed gene such that a cell associated activity is altered relative to a cell associated activity (e.g., the same cell associated activity) of the cell in the absence of the agent. The differentially expressed gene modulator can stimulate polypeptide activity or nucleic acid expression related to the differentially expressed gene. Examples of such stimulatory modulators include small molecules, active polypeptides encoded by the differentially expressed gene, and nucleic acids encoding the differentially expressed gene that have been introduced into the cell. Alternatively, the modulator can inhibit the polypeptide activity of the differentially expressed gene or nucleic acid expression. Examples of such inhibitory modulators include small molecules, antisense nucleic acid molecules, and antibodies that specifically react with an epitope of the differentially expressed gene product. In a preferred embodiment, the cell is present within a subject and the agent is administered to the subject.

The nucleic acid molecules, polypeptides, polypeptide homologs, modulators, and antibodies described herein preferably may be used in drug screening assays, diagnostic assays, and methods of treatment. A differentially expressed gene polypeptide of the invention has one or more of the activities described herein and can thus be used, for example, to modulate a function in a cell involved in a disease, specifically cardiac, kidney or inflammatory disease. The isolated nucleic acid molecules of the invention can be used to express polypeptide encoded by a differentially expressed gene of the present invention (e.g., via a recombinant expression vector in a host cell in gene therapy applications), to detect mRNA of the differentially expressed gene (e.g., in a biological sample) or a genetic lesion in a differentially expressed gene, or to modulate activity of the differentially expressed gene or polypeptides encoded thereby, as described further below.

In addition, the polypeptides encoded by the differentially expressed genes of the present invention can be used to screen drugs or compounds which modulate polypeptide activity related to the differentially expressed gene as well as to treat disorders characterized by insufficient production of polypeptide encoded by the differentially expressed gene or production of polypeptide forms which have decreased activity compared to wild type forms of the polypeptides encoded by the differentially expressed genes of the present invention. Moreover, antibodies to the polypeptides encoded by the differentially expressed genes of the present invention can be used to detect and isolate such polypeptides and modulate polypeptide activity.

## **XXIX. NEGATIVE MODULATORY ANTISENSE, RIBOZYME AND TRIPLE HELIX APPROACHES**

Among the compounds exhibiting the ability to prevent or ameliorate symptoms of a disease, specifically cardiac, kidney or inflammatory disease, are antisense, ribozyme, and triple helix molecules. Such molecules can be designed to reduce or inhibit either normal or, if appropriate, mutant target gene activity. Techniques for the production and use of such molecules are well known to those of skill in the art.

Anti-sense RNA and DNA molecules act to directly block the translation of mRNA by hybridizing to targeted mRNA and preventing protein translation. With respect to antisense DNA, oligodeoxyribonucleotides derived from the

translation initiation site, e.g., between the -10 and +10 regions of the target gene nucleotide sequence of interest, are preferred.

Ribozymes are enzymatic RNA molecules capable of catalyzing the specific cleavage of RNA (Rossi, *Current Biology* 4:469-71 (1994)). The mechanism of ribozyme action involves sequence specific hybridization of the ribozyme molecule to complementary target RNA, followed by an endonucleolytic cleavage. The composition of ribozyme molecules must include one or more sequences complementary to the target gene mRNA and must include the well-known catalytic sequence responsible for mRNA cleavage. For this sequence, see U.S. Patent No. 5,093,246, which is incorporated by reference herein in its entirety. Within the scope of the present invention are engineered hammerhead motif ribozyme molecules that specifically and efficiently catalyze endonucleolytic cleavage of RNA sequences encoding target gene proteins.

Specific ribozyme cleavage sites within any potential RNA target are initially identified by scanning the molecule of interest for ribozyme cleavage sites which include the following sequences, GUA, GUU and GUC. Once identified, short RNA sequences of between 15 and 20 ribonucleotides corresponding to the region of the target gene containing the cleavage site can be evaluated for predicted structural features, such as secondary structure, that can render the oligonucleotide sequence unsuitable. The suitability of candidate sequences can also be evaluated by testing their accessibility to hybridization with complementary oligonucleotides, using ribonuclease protection assays.

Nucleic acid molecules preferably used in triplex helix formation for the inhibition of transcription are single stranded and composed of deoxynucleotides. The base composition of these oligonucleotides must be designed to promote triple helix formation via Hoogsteen base pairing rules, which generally require sizeable stretches of either purines or pyrimidines to be present on one strand of a duplex. Nucleotide sequences can be pyrimidine-based, which will result in TAT and CGC+ triplets across the three associated strands of the resulting triple helix. The pyrimidine-rich molecules provide base complementarity to a purine-rich region of a single strand of the duplex in a parallel orientation to that strand. In addition, nucleic acid molecules can be chosen that are purine-rich, for example, contain a stretch of G residues. These molecules form a triple helix with a DNA duplex that is rich in GC pairs, in which the majority of the purine residues are located on a single strand of the targeted duplex, resulting in GGC triplets across the three strands in the triplex.

Alternatively, creating a "switchback" nucleic acid molecule can increase the potential sequences that can be targeted for triple helix formation. Switchback molecules are synthesized in an alternating 5'-3', 3'-5' manner, such that they base pair with first one strand of a duplex and then the other, eliminating the necessity for a sizeable stretch of either purines or pyrimidines to be present on one strand of a duplex.

In instances wherein the antisense, ribozyme, or triple helix molecules described herein are utilized to reduce or inhibit mutant gene expression, it is possible that the technique utilized can also efficiently reduce or inhibit the transcription (triplex helix) or translation (antisense, ribozyme) of mRNA produced by normal target gene alleles such that the concentration of normal target gene product present is lower than is necessary for a normal phenotype. In

such cases, to ensure that substantially normal levels of target gene activity are maintained, nucleic acid molecules that encode and express target gene polypeptides exhibiting normal target gene activity can be introduced into cells via gene therapy methods, such as those described below, that do not contain sequences susceptible to the antisense, ribozyme, or triple helix treatments utilized. Alternatively, where the target gene encodes an extracellular protein, it  
5 can be preferable to co-administer normal target gene protein into the cell or tissue in order to maintain the requisite level of cellular or tissue target gene activity.

Antisense RNA and DNA, ribozyme and triple helix molecules of the invention can be prepared by any method known in the art for the synthesis of DNA and RNA molecules. These include techniques for chemically synthesizing oligodeoxyribonucleotides and oligoribonucleotides well known in the art such as solid phase phosphoramidite chemical  
10 synthesis. Alternatively, RNA molecules can be generated by *in vitro* and *in vivo* transcription of DNA sequences encoding the antisense RNA molecule. Such DNA sequences can be incorporated into a variety of vectors that incorporate suitable RNA polymerase promoters such as the T7 or SP6 polymerase promoters. Alternatively, antisense cDNA constructs that synthesize antisense RNA constitutively or inducibly, depending on the promoter used, can be introduced stably into cell lines.  
15

Another class of antisense molecules, the phosphorothioates, has a sulfur in the oligonucleotide backbone instead of an oxygen atom and is a DNA analog capable of use in the present invention. For example, modification at the 2'-position of the sugar by creating methoxyethyl, aminopropyl, and fluorine conjugates has dramatic effects on stability and target-binding efficiency. Nonspecific effects due to their association with proteins and to the base sequence of the oligonucleotide can limit or even alter the expected antisense effects.

20 Another class of compounds, the PNAs (peptide nucleic acids) can also be utilized. PNAs have a peptide-like backbone instead of the normal sugar and phosphate groups of DNA. PNA may be used to turn on specific genes by binding to a promoter region of a gene to initiate RNA transcription. Chimeric molecules of PNA and DNA may also be considered. The DNA portion will allow enzymes attacking DNA-RNA hybrids to cut the RNA part of the complex into pieces (leading to dissociation of the drug molecule, which can then be reused), whereas the PNA portion will  
25 contribute stability and selectivity.

Genetic drugs can also be directed at the gene itself. The first chemical approach to target double-stranded DNA has been to use oligonucleotides to bind in the major groove of DNA and form a specific local triple helix. Tests of blocking transcription of the HIV genes *nef* and *pol* in cell cultures was performed by using oligonucleotides linked to intercalators. Some PNA sequences bind to double-stranded DNA by an invasion mechanism: two PNA molecules form 5 a triplex structure with the complementary DNA target sequence, whereas the other strand of the DNA duplex is displaced into a single-stranded loop. Once formed, such PNA-DNA complexes are extremely stable. Minor-groove binding polyamides that contain combinations of three different aromatic amino acids, which pair and uniquely recognize each of the four Watson-Crick base pairs may also be used. Hairpin polyamides bind specifically to predetermined DNA sequences with the affinity and specificity of protein transcription factors. Cells are believed to be 10 permeable to these polyamides, a property that may be related to the fact that they are significantly smaller than oligonucleotide analogs used in antisense approaches. These synthetic DNA binding ligands can enter the nucleus and inhibit expression of specific genes by blocking promoter-specific transcription factors.

The arrays of immobilized DNA fragments may also be used for genetic diagnostics. To illustrate, a microarray containing multiple forms of a mutated gene or genes can be probed with a labeled mixture of a subject 15 DNA, which will preferentially interact with only one of the immobilized versions of the gene.

The detection of this interaction can lead to a medical diagnosis. Arrays of immobilized DNA fragments can also be used in DNA probe diagnostics. For example, the identity of a differentially expressed gene of the present invention can be established unambiguously by hybridizing a sample of a subject's DNA to an array comprising known 20 differentially expressed DNA. Other molecules of genetic interest, such as cDNAs and RNAs can be immobilized on the array or alternately used as the labeled probe mixture that is applied to the array.

### XXX. NEGATIVE MODULATORY ANTIBODY TECHNIQUES

Antibodies can be generated which are both specific for target gene product and which reduce target gene product activity. Such antibodies may, therefore, by administered in instances whereby negative modulatory techniques are appropriate for the treatment of a disease, specifically cardiac, kidney or inflammatory disease. Antibodies 25 can be generated using standard techniques against the expressed proteins themselves or against peptides corresponding to portions of the proteins. The antibodies include polyclonal, monoclonal, Fab fragments, single chain antibodies, chimeric antibodies.

In instances where the target gene protein to which the antibody is directed is intracellular and whole antibodies are used, internalizing antibodies can be preferred. However, lipofectin or liposomes can be used to deliver 30 the antibody or a fragment of the Fab region that binds to the target gene epitope into cells. Where fragments of the antibody are used, the smallest inhibitory fragment that binds to the target protein's binding domain is preferred. For example, peptides having an amino acid sequence corresponding to the domain of the variable region of the antibody that binds to the target gene protein can be used. Such peptides can be synthesized chemically or produced via recombinant DNA technology using methods well known in the art (see, e.g., Creighton, *supra*; and Sambrook *et al.*,

supra). Alternatively, single chain neutralizing antibodies that bind to intracellular target gene product epitopes can also be administered. Such single chain antibodies can be administered, for example, by expressing nucleotide sequences encoding single chain antibodies within the target cell population by utilizing techniques such as those described in Marasco *et al.* (Marasco *et al.*, Proc. Natl. Acad. Sci. USA 90:7889-93 (1993)). In instances where the target gene protein is extracellular, or is a transmembrane protein, any of the administration techniques described below that are appropriate for peptide, can be utilized to effectively administer inhibitory target gene antibodies to their site of action.

### XXXI. POSITIVE MODULATORY TECHNIQUES

As discussed above, successful treatment of disease, specifically cardiac, kidney or inflammatory disease, symptoms and disorders involving such diseases can be brought about by techniques which serve to increase the level of target gene expression or to increase the activity of a target gene product. For example, compounds that exhibit positive modulatory activity can be used in accordance with the invention to ameliorate disease symptoms. Such molecules can include, but are not limited to, peptides, phosphopeptides, small organic or inorganic molecules, or antibodies (including, for example, polyclonal, monoclonal, humanized, anti-idiotypic, chimeric or single chain antibodies, and Fab, F(ab')<sub>2</sub> and Fab expression library fragments, and epitope-binding fragments thereof. For example, a target gene protein, at a level sufficient to ameliorate a disease, specifically cardiac, kidney or inflammatory disease, can be administered to a patient. Any of the techniques discussed below can be utilized for such administration. One of skill in the art will readily know how to determine the concentration of effective, non-toxic doses of the normal target gene protein, using known techniques.

In instances wherein administered compound is a peptide, DNA sequences encoding the peptide compound can, alternatively, be directly administered to a patient exhibiting disease symptoms, at a concentration sufficient to generate the production of an amount of target gene product adequate to ameliorate the disease symptoms. Any of the techniques described below, which achieve intracellular administration can be utilized for the administration of such DNA molecules. The DNA molecules can be produced by known recombinant techniques.

In the case of peptide compounds which act extracellularly, the DNA molecules encoding such peptides can be taken up and expressed by any cell type, so long as a sufficient circulating concentration of peptide results for the elicitation of a reduction in disease, specifically cardiac, kidney or inflammatory disease, symptoms.

In the case of compounds which act intracellularly, the DNA molecules encoding such peptides may be taken up and expressed by cells involved in the disease at a sufficient level to bring about the reduction of disease symptoms. Any technique that selectively serves to administer DNA molecules to a cell involved in a disease is preferred for the DNA molecules encoding intracellularly acting peptides.

Further, patients can be treated for symptoms of a disease, specifically cardiac, kidney or inflammatory disease, by gene replacement therapy. One or more copies of a normal target gene or a portion of the gene that directs the production of a normal target gene protein with target gene function can be inserted into cells, using vectors which

include, adenovirus, adeno-associated virus, and retrovirus vectors, in addition to other particles that introduce DNA into cells, such as liposomes. Techniques such as those described above can be utilized for the introduction of normal target gene sequences into human cells.

5 In instances wherein the target gene encodes an extracellular, secreted gene product, such gene replacement techniques may be accomplished either *in vivo* or *in vitro*. For such cases, the cell types expressing the target gene is less important than achieving a sufficient circulating concentration of the extracellular molecules for the amelioration of disease symptoms to occur. *In vitro*, target gene sequences can be introduced into autologous cells. Cells expressing the target gene sequence of interest can then be reintroduced, preferably by intravenous administration, into the patient such that there results an amelioration of disease symptoms.

10 In instances wherein the gene replacement involves a gene encoding a product which acts intracellularly, it is preferred that gene replacement is accomplished *in vivo*. Further, because the cell type in which the gene replacement must occur is the cell type involved in a disease, specifically cardiac, kidney or inflammatory disease, such techniques must successfully target such cells.

15 Taking a down-regulated differentially expressed gene of the present invention as an example (*e.g.*, BTG2), an increase in expression may serve to ameliorate disease, specifically cardiac, kidney, or inflammatory disease, symptoms. Therefore, any positive modulatory agent which increases the gene product or gene product activity to a level that is sufficient to ameliorate cardiac disease symptoms represents a successful therapeutic treatment.

### **XXXII. PHARMACEUTICAL PREPARATIONS AND METHODS OF ADMINISTRATION**

20 The identified compounds that inhibit target gene expression, synthesis or activity can be administered to a patient at therapeutically effective doses to prevent, treat or ameliorate a disease, specifically cardiac, kidney or inflammatory disease, or its symptoms. A therapeutically effective dose refers to that amount of the compound sufficient to result in treatment or amelioration of symptoms of a disease, specifically cardiac, kidney or inflammatory disease.

#### **A. EFFECTIVE DOSE**

25 Toxicity and therapeutic efficacy of such compounds can be determined by standard pharmaceutical procedures in cell cultures or experimental animals, *e.g.*, for determining the LD<sub>50</sub> (the dose lethal to 50% of the population) and the ED<sub>50</sub> (the dose therapeutically effective in 50% of the population). The dose ratio between toxic and therapeutic effects is the therapeutic index and it can be expressed as the ratio LD<sub>50</sub>/ED<sub>50</sub>. Compounds exhibiting large therapeutic indices are preferred. While compounds that exhibit toxic side effects can be used, care should be taken to design a delivery system that targets such compounds to the site of affected tissue in order to minimize potential damage to uninfected cells and, thereby, reduce side effects.

30 Data obtained from cell culture assays and animal studies can be used in formulating a range of dosage for use in humans. The dosage of such compounds lies preferably within a range of circulating concentrations that include the ED<sub>50</sub> with little or no toxicity. The dosage can vary within this range depending upon the dosage form employed and

the route of administration utilized. For any compound used in the method of the invention, the therapeutically effective dose can be estimated initially from cell culture assays. A dose can be formulated in animal models to achieve a circulating plasma concentration range that includes the IC<sub>50</sub> (i.e., the concentration of the test compound, which achieves a half-maximal inhibition of symptoms) as determined in cell culture. Such information can be used to accurately determine useful doses in humans. Levels in plasma can be measured, for example, by high performance liquid chromatography.

## B. FORMULATIONS AND USE

Pharmaceutical compositions for use in accordance with the present invention can be formulated in conventional manner using one or more physiologically acceptable carriers or excipients. Thus, the compounds and their physiologically acceptable salts and solvates can be formulated for administration by inhalation or insufflation (either through the mouth or the nose) or oral, buccal, parenteral or rectal administration.

For oral administration, the pharmaceutical compositions can take the form of, for example, tablets or capsules prepared by conventional means with pharmaceutically acceptable excipients such as binding agents (e.g., pregelatinised maize starch, polyvinylpyrrolidone or hydroxypropyl methylcellulose); fillers (e.g., lactose, microcrystalline cellulose or calcium hydrogen phosphate); lubricants (e.g., magnesium stearate, talc or silica); disintegrants (e.g., potato starch or sodium starch glycolate); or wetting agents (e.g., sodium lauryl sulfate). The tablets can be coated by methods well known in the art. Liquid preparations for oral administration can take the form of, for example, solutions, syrups or suspensions, or they can be presented as a dry product for constitution with water or other suitable vehicle before use. Such liquid preparations can be prepared by conventional means with pharmaceutically acceptable additives such as suspending agents (e.g., sorbitol syrup, cellulose derivatives or hydrogenated edible fats); emulsifying agents (e.g., lecithin or acacia); non-aqueous vehicles (e.g., almond oil, oily esters, ethyl alcohol or fractionated vegetable oils); and preservatives (e.g., methyl or propyl-p-hydroxybenzoates or sorbic acid). The preparations can also contain buffer salts, flavoring, coloring and sweetening agents as appropriate.

Preparations for oral administration can be suitably formulated to give controlled release of the active compound. For buccal administration the compositions can take the form of tablets or lozenges formulated in conventional manner.

For administration by inhalation, the compounds for use according to the present invention are conveniently delivered in the form of an aerosol spray presentation from pressurized packs or a nebulizer, with the use of a suitable propellant, e.g., dichlorodifluoromethane, trichlorofluoromethane, dichlorotetrafluoroethane, carbon dioxide or other suitable gas. In the case of a pressurized aerosol the dosage unit can be determined by providing a valve to deliver a metered amount. Capsules and cartridges of e.g., gelatin for use in an inhaler or insufflator can be formulated containing a powder mix of the compound and a suitable powder base such as lactose or starch.

The compounds can be formulated for parenteral administration by injection, e.g., by bolus injection or continuous infusion. Formulations for injection can be presented in unit dosage form, e.g., in ampoules or in multi-dose

containers, with an added preservative. The compositions can take such forms as suspensions, solutions or emulsions in oily or aqueous vehicles, and can contain formulatory agents such as suspending, stabilizing or dispersing agents. Alternatively, the active ingredient can be in powder form for constitution with a suitable vehicle, e.g., sterile pyrogen-free water, before use. The compounds can also be formulated in rectal compositions such as suppositories or retention enemas, e.g., containing conventional suppository bases such as cocoa butter or other glycerides.

In addition to the formulations described previously, the compounds can also be formulated as a depot preparation. Such long acting formulations can be administered by implantation (for example, subcutaneously or intramuscularly) or by intramuscular injection. Thus, for example, the compounds can be formulated with suitable polymeric or hydrophobic materials (for example as an emulsion in an acceptable oil) or ion exchange resins, or as sparingly soluble derivatives, for example, as a sparingly soluble salt.

The compositions can, if desired, be presented in a pack or dispenser device that can contain one or more unit dosage forms containing the active ingredient. The pack can for example comprise metal or plastic foil, such as a blister pack. The pack or dispenser device can be accompanied by instructions for administration.

### XXXIII. DIAGNOSIS OF A DISEASE

A variety of methods can be employed for the diagnosis of a disease, specifically cardiac, kidney or inflammatory disease, and of disorders involving such diseases. Such methods can, for example, utilize reagents such as diagnostic gene nucleotide sequences and antibodies directed against differentially expressed and interactive gene peptides. Specifically, such reagents can be used, for the detection of the presence of target gene mutations, or the detection of either over or under expression of target gene mRNA.

The methods described herein can be performed by utilizing pre-packaged diagnostic kits comprising at least one specific diagnostic gene nucleic acid or anti-diagnostic gene antibody reagent described herein, which can be conveniently used, e.g., in clinical settings, to diagnose patients exhibiting symptoms of a disease, specifically cardiac, kidney or inflammatory diseases. Microarrays as disclosed preferably may be used. In one application, a microarray comprising one or more cDNA clones representing differentially expressed genes is hybridized with total cDNA from a subject to monitor differentially expressed gene expression for research or diagnostic purposes. Labeling total cDNA from a normal cell with one color fluorophore and total cDNA from a diseased cell with another color fluorophore and simultaneously hybridizing the two cDNA samples to the same array of cDNA clones allows for differential gene expression to be measured as the ratio of the two fluorophore intensities. This two-color experiment can be used to monitor differentially expressed gene expression in different tissue types, disease states, or in response to drugs.

In another embodiment, such microarrays may comprise sequences specific for differentially expressed disease, specifically cardiac, kidney or inflammatory disease, genes, preferably chosen from one or more of the group including nucleic acids (and portions thereof) corresponding to the sequences specified in GenBank Accession numbers X57352, S75725, D13665, X67698, M62402, D90226, L13698, U52101, U72649, L36034, M36035, and M38591, as well as nucleic acids (and portions thereof) encoding the human genes 1-8U (SEQ ID NO:37), prostacyclin-

stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48).

#### 5 XXXIV. DETECTION OF DIAGNOSTIC GENE NUCLEIC ACIDS

DNA or RNA from the cell type or tissue to be analyzed can easily be isolated using procedures known to those in the art. Diagnostic procedures can also be performed directly upon tissue sections (fixed or frozen) of subject tissue obtained from biopsies or resections, such that no nucleic acid purification is necessary. Nucleic acid reagents such as those described above can be used as probes or primers for such *in situ* procedures (see, e.g., Nuovo, *PCR in situ hybridization: Protocols and Applications*, Raven Press (New York, 1992)).

10 Diagnostic gene nucleotide sequences, either RNA or DNA, can, be used in hybridization or amplification assays of biological samples to detect gene structures and expression associated with a disease, specifically cardiac, kidney or inflammatory disease. Such assays can include microarray analyses, Southern or Northern analyses, single stranded conformational polymorphism analyses, *in situ* hybridization assays, and polymerase chain reaction analyses. 15 Such analyses can reveal both quantitative aspects of the expression pattern of the diagnostic gene, and qualitative aspects of the diagnostic gene expression or gene composition. That is, such techniques can include, for example, point mutations, insertions, deletions, chromosomal rearrangements, or activation or inactivation of gene expression.

20 Preferred diagnostic methods for the detection of diagnostic gene-specific nucleic acid molecules can involve, for example, microarray analysis via contacting and incubating nucleic acids derived from the cell type or tissue being analyzed, with microarrays under conditions favorable for the specific hybridization of these reagents to their complementary sequences within the nucleic acid molecule of interest.

25 Alternative diagnostic methods for the detection of diagnostic gene specific nucleic acid molecules can involve their amplification, e.g., by PCR (the experimental embodiment set forth in U.S. Patent No. 4,683,202), ligase chain reaction (Barany, *Proc. Natl. Acad. Sci. USA* 88:189-93 (1991)), self sustained sequence replication (Guatelli *et al.*, *supra*), transcriptional amplification system (Kwoh *et al.*, *supra*), Q-Beta Replicase (Lizardi *et al.*, *Bio/Technology* 6:1197 (1988)), or any other nucleic acid amplification method, followed by the detection of the amplified molecules using techniques well known to those of skill in the art. These detection schemes are especially useful for the detection of nucleic acid molecules if such molecules are present in very low numbers.

30 In addition to methods which focus primarily on the detection of one nucleic acid sequence, diagnostic profiles can also be assessed in such detection schemes. Diagnostic profiles can be generated, by using microarrays, differential display procedures, Northern analysis or RT-PCR.

#### XXXV. DETECTION OF TARGET GENE PEPTIDES

Antibodies directed against normal or mutant diagnostic gene peptides can also be used in disease, specifically cardiac, kidney or inflammatory disease, diagnostics and prognostics as described above. Such diagnostic

methods can be used to detect abnormalities in the level of diagnostic gene protein expression, or abnormalities in the structure or tissue, cellular, or subcellular location of diagnosing gene protein. Structural differences can include, for example, differences in the size, electronegativity, or antigenicity of the mutant diagnostic gene protein relative to the normal diagnostic gene protein.

5       **Protein from the tissue or cell type to be analyzed can be isolated using techniques known to those of skill in the art.** The protein isolation methods employed herein can, be such as those described in (Harlow *et al.*, *supra*), which is incorporated herein by reference in its entirety.

Preferred diagnostic methods for the detection of normal or mutant diagnostic gene peptide molecules can involve, immunoassays wherein diagnostic gene peptides are detected by their interaction with an anti-diagnostic gene 10 specific peptide antibody. For example, antibodies, or fragments of antibodies useful in the present invention can be used to quantitatively or qualitatively detect the presence of normal or mutant diagnostic gene peptides. This can be accomplished, for example, by immunofluorescence techniques employing a fluorescently labeled antibody coupled with light microscopic, flow cytometric, or fluorimetric detection. Such techniques are especially preferred if the diagnostic gene peptides are expressed on a cell surface.

15       The antibodies (or fragments thereof) useful in the present invention can, additionally be employed histologically, as in immunofluorescence or immunoelectron microscopy, for *in situ* detection of target gene peptides. *In situ* detection can be accomplished by obtaining a biological sample from a patient, and applying thereto a labeled antibody of the present invention. The antibody (or fragment) is preferably applied by overlaying the labeled antibody (or fragment) onto a biological sample. Using such a procedure, it is possible to determine not only the presence of 20 diagnostic gene peptides, but also their distribution in the examined tissue. Using the present invention, those of ordinary skill will readily perceive that any of a variety of histological methods (such as staining procedures) can be modified in order to achieve such *in situ* detection.

25       Immunoassays for normal or mutant diagnostic gene peptides may typically comprise incubating a biological sample, such as a biological fluid, a tissue extract, freshly harvested cells, or cells which have been incubated in tissue culture, in the presence of a detectably labeled antibody capable of identifying diagnostic gene peptides, and detecting the bound antibody by any of a number of techniques well-known in the art.

The biological sample can be brought in contact with and immobilized onto a solid phase support or carrier such as nitrocellulose, or other solid support which is capable of immobilizing cells, cell particles or soluble proteins. 30 The support can then be washed with suitable buffers followed by treatment with the detectably labeled diagnostic gene specific antibody. The solid phase support can then be washed with the buffer a second time to remove unbound antibody. The amount of bound label on solid support can then be detected by conventional means.

One of the ways in which the diagnostic gene peptide-specific antibody can be detectably labeled is by linking it to an enzyme and using it in an enzyme immunoassay (ETA) (Voller, "The Enzyme Linked Immunosorbent Assay

(ELISA)", *Diagnostic Horizons* 2:1-7, Microbiological Associates Quarterly Publication (Walkersville, MD, 1978); Voller et al., *J. Clin. Pathol.* 31:507-20 (1978); Butler, *Meth. Enzymol.* 73:482-523 (1981); Maggio, ed., *Enzyme Immunoassay*, CRC Press (Boca Raton, FL, 1980); Ishikawa et al., eds., *Enzyme Immunoassay*, Kgaku Shoin (Tokyo, 1981)). The enzyme, which is bound to the antibody, will react with an appropriate substrate, preferably a chromogenic substrate, in such a manner as to produce a chemical moiety that can be detected by spectrophotometric fluorimetric or by visual means. Detection can also be accomplished using any of a variety of other immunoassays. For example, by radioactively labeling the antibodies or antibody fragments, it is possible to detect diagnostic gene normal or mutant peptides through the use of a radioimmunoassay (RIA) (see, e.g., Weintraub, *Principles of Radioimmunoassays, Seventh Training Course on Radioligand Assay Techniques*, The Endocrine Society, March, 1986). The radioactive isotope can be detected by such means as the use of a gamma counter or a scintillation counter or by autoradiography.

### **XXXVI. USE OF DIAGNOSTIC GENES AS SURROGATE MARKERS IN CLINICAL TRIALS**

The expression pattern of the diagnostic genes of the invention may be utilized as surrogate markers to monitor clinical human trials of drugs being tested for their efficacy as disease treatments, specifically for cardiac, kidney or inflammatory disease, or may additionally be used to monitor patients undergoing clinical evaluation for the treatment of such disease.

The effect of the compound on the diagnostic gene expression normally displayed in connection with a disorder involving a disease, specifically cardiac, kidney or inflammatory disease, can be used to evaluate the efficacy of the compound as a treatment for such a disorder. Additionally, diagnostic gene expression can be used to monitor patients undergoing clinical evaluation for the treatment of the disorder.

According to the invention, the diagnostic gene expression and diagnostic pattern can be used to monitor clinical trials of drugs in human patients. Indeed, the influence of modulating agents on a disease can be measured by performing microarray analysis of mRNA obtained from biological samples of patients undergoing clinical tests.

### **XXXVII. TREATMENT OF PATIENTS SUFFERING FROM A DISEASE, SPECIFICALLY CARDIAC, KIDNEY OR INFLAMMATORY DISEASE**

Another aspect of the present invention pertains to methods for treating a subject having a disease, specifically cardiac, kidney or inflammatory disease, characterized by (or associated with) differential gene expression or polypeptide activity. These methods include the step of administering a modulator of the differential nucleic acid expression or polypeptide activity to the subject such that treatment occurs. As the differentially expressed genes of the present invention are involved in an interactive related to a disease, specifically cardiac, kidney or inflammatory disease, differential activity or expression interferes with the normal system function. The terms "treating" or "treatment," as used herein, refer to reduction or alleviation of at least one adverse effect or symptom of a disease, specifically cardiac, kidney or inflammatory disease, e.g., a disorder or disease characterized by or associated with differentially expressed gene polypeptide activity or nucleic acid expression.

As used herein, a modulator includes a molecule, which can modulate nucleic acid expression or polypeptide activity. For example, a modulator can modulate, *e.g.*, upregulate (activate) or downregulate (suppress), nucleic acid expression. In another example, a modulator can modulate (*e.g.*, stimulate or inhibit) polypeptide activity. If it is desirable to treat a disease, specifically cardiac, kidney or inflammatory disease, characterized by (or associated with) differential (non-wild-type) nucleic acid expression or polypeptide activity by inhibiting nucleic acid expression, a modulator can be an antisense molecule, *e.g.*, a ribozyme, as described herein. Examples of antisense molecules which can be used to inhibit nucleic acid expression include antisense molecules which are complementary to a portion of the 5' untranslated region of the cDNA encoding the genes and polypeptides of the present invention, *e.g.*, SEQ ID NO:25, which also includes the start codon and antisense molecules which are complementary to a portion of the 3' untranslated region of the cDNA. A modulator that inhibits nucleic acid expression can also be a small molecule or other drug, *e.g.*, a small molecule or drug identified using the screening assays described herein, which inhibits nucleic acid expression.

If it is desirable to treat a disease, specifically cardiac, kidney or inflammatory disease, characterized by (or associated with) differential nucleic acid expression or polypeptide activity by stimulating nucleic acid expression, a modulator can be, for example, a nucleic acid molecule encoding the differentially expressed polypeptide (*e.g.*, a nucleic acid molecule comprising a nucleotide sequence homologous to the nucleotide sequence encoding the polypeptide) or a small molecule or other drug, *e.g.*, a small molecule (peptide) or drug identified using the screening assays described herein, which stimulates nucleic acid expression.

Alternatively, if it is desirable to treat a disease, specifically cardiac, kidney or inflammatory disease, characterized by (or associated with) differential nucleic acid expression or polypeptide activity by inhibiting polypeptide activity, a modulator can be an anti-polypeptide antibody or a small molecule or other drug, *e.g.*, a small molecule or drug identified using the screening assays described herein, which inhibits polypeptide activity. If it is desirable to treat a disease, specifically cardiac, kidney or inflammatory disease, associated with differential nucleic acid expression or polypeptide activity by stimulating polypeptide activity, a modulator can be an active polypeptide or portion thereof (*e.g.*, a polypeptide or portion thereof having an amino acid sequence which is homologous to the amino acid sequence of the polypeptide or a portion thereof) or a small molecule or other drug, *e.g.*, a small molecule or drug identified using the screening assays described herein, which stimulates polypeptide activity. In addition, a subject having a disease, specifically cardiac, kidney or inflammatory disease, can be treated according to the present invention by administering to the subject a polypeptide or portion thereof modulating the differentially expressed nucleic acid expression and/or polypeptide activity such that treatment occurs.

Other aspects of the invention pertain to methods for modulating a cell associated activity. These methods include contacting the cell with an agent (or a composition which includes an effective amount of an agent) which modulates polypeptide activity or nucleic acid expression such that a cell associated activity is altered relative to a cell associated activity of the cell in the absence of the agent. As used herein, "a cell associated activity" refers to a

normal or abnormal activity or function of a cell. Examples of cell associated activities include proliferation, migration, differentiation, production or secretion of molecules, such as proteins, and cell survival. In a preferred embodiment, the cardiac cell is a myocyte. The term "altered" as used herein refers to a change, *e.g.*, an increase or decrease, in a cell associated activity.

5 In one embodiment, the agent stimulates polypeptide activity or nucleic acid expression. Examples of such stimulatory agents include an active protein, a nucleic acid molecule encoding polypeptide that has been introduced into the cell, and a modulatory agent which stimulates polypeptide activity or nucleic acid expression and which may be identified using the drug screening assays described herein. In another embodiment, the agent inhibits polypeptide activity or nucleic acid expression. Examples of such inhibitory agents include an antisense nucleic acid molecule, an  
10 anti-polypeptide antibody, and a modulatory agent which inhibits polypeptide activity or nucleic acid expression and which is identified using the drug screening assays described herein. These modulatory methods can be performed *in vitro* (*e.g.*, by culturing the cell with the agent), or alternatively *in vivo* (*e.g.*, by administering the agent to a subject). In a preferred embodiment, the modulatory methods are performed *in vivo*, *i.e.*, the cell is present within a subject and the subject has a disease, specifically cardiac, kidney or inflammatory disease, characterized by or associated with  
15 differential polypeptide activity or nucleic acid expression.

A nucleic acid molecule, a polypeptide, a modulator, or a compound used in the methods of treatment can be incorporated into an appropriate pharmaceutical composition described herein and administered to the subject through a route, which allows the molecule, polypeptide, modulator, or compound to perform its intended function. Examples of routes of administration are also described herein.

20 Test patients can be administered compounds suspected of disease, specifically cardiac, kidney or inflammatory disease, modulating activity. Control patients can be given a placebo. Cardiac cell biopsies or peripheral blood can be drawn from each patient after a determined period of treatment and RNA can be isolated as described *supra* for analysis.

### XXXVIII. ANALYSIS OF SAMPLES

25 The invention also encompasses kits for detecting the presence of differentially expressed genes of the present invention in a biological sample. For example, the kit can comprise a labeled or labelable compound or agent capable of detecting polypeptide or mRNA in a biological sample, means for determining the amount of differentially expressed gene in the sample, and means for comparing the amount of differentially expressed gene in the sample with a standard. The kit may preferably comprise a microarray comprising one or more oligonucleotides complementary to  
30 reference DNA or RNA sequences encoding the differentially expressed genes of the present invention obtained from tissue from a normal subject and tissue from a subject exhibiting a disease, specifically cardiac, kidney or inflammatory disease. In one embodiment, a biological sample is obtained from the subject, particularly tissue or blood, from which cDNA probes are made and hybridized on a microarray to create fluorometric, colorimetric or such identifying emissions. The compound or agent can be packaged in a suitable container. The kit can further comprise instructions

for using the kit to detect differentially expressed gene mRNA or protein, along with PCR reagents.

The invention further provides kits comprising at least one oligonucleotide of the present invention. In one embodiment, the kits contain one or more pairs of allele-specific oligonucleotides hybridizing to different forms of a polymorphism. In some kits, the allele-specific oligonucleotides are provided immobilized to a substrate. Optional additional components of the kit can include, restriction enzymes, reverse-transcriptase or polymerase, the substrate nucleoside triphosphates, means used to label (*e.g.*, an avidin-enzyme conjugate and enzyme substrate and chromogen if the label is biotin), and the appropriate buffers for reverse transcription, PCR, or hybridization reactions. The kit may also contain instructions for carrying out the methods.

In another preferred embodiment of the present invention the kit may comprise one or more antibodies that bind with high specificity to the protein products of the differentially expressed genes of the present invention, *e.g.*, all or a portion of the amino acid sequence of the human genes 1-8U (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48), respectively. Means for preparing and characterizing antibodies are well known in the art (*see, e.g.*, Harlow *et al.*, *supra*).

All the essential materials and reagents required for detecting disease state genes in a biological sample may be assembled together in a kit. This generally comprises preselected primers for specific genes. Also included may be enzymes suitable for amplifying nucleic acids including various polymerases, deoxynucleotides and buffers to provide the necessary reaction mixture for amplification.

Such kits generally comprise, in suitable means, distinct containers for each individual reagent and enzyme as well as for each gene primer pair. Preferred pairs of primers for amplifying nucleic acids are selected to amplify the sequences specified in GenBank Accession numbers X57352, S75725, D13665, X67698, M62402, D90226, L13698, U52101, U72649, L36034, M36035, and M38591, encoding the human genes 1-8U (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf-2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF-1 (SEQ ID NO:42), gas-1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48), respectively. Such kits generally comprise, in suitable means, distinct containers for each individual reagent and enzyme as well as for each gene hybridization probe.

In another embodiment, such microarrays may comprise sequences specific for differentially expressed disease, specifically cardiac, kidney or inflammatory disease, genes, preferably chosen from a group including nucleic acids, or portions thereof, corresponding to the sequences specified in GenBank Accession numbers X57352, S75725, D13665, X67698, M62402, D90226, L13698, U52101, U72649, L36034, M36035, and M38591, encoding the

human genes 1·8U (SEQ ID NO:37), prostacyclin-stimulating factor (SEQ ID NO:38), osf·2 (SEQ ID NO:39), tissue specific mRNA (SEQ ID NO:40), insulin-like growth factor binding protein 6 (SEQ ID NO:41), OSF·1 (SEQ ID NO:42), gas·1 (SEQ ID NO:43), YMP (SEQ ID NO:44), BTG2 (SEQ ID NO:45), pre-B cell stimulating factor homolog (SDF1a) (SEQ ID NO:46), peripheral benzodiazepine receptor (SEQ ID NO:47), and cellular ligand of annexin II (p11) (SEQ ID NO:48), respectively.

### XXXVIII. FUNCTIONAL STUDIES IN TISSUE CULTURES

#### 1. *Isolation of neonatal rat ventricular cardiomyocytes*

Neonatal rat ventricular cardiomyocytes were isolated from one or two days old rat pups using the following reagents and isolation procedure:

10 Reagents:

Dissociation buffer: CBFHH (Calcium- and Bicarbonate-Free Hanks with Hepes), pH 7.5

- NaCl 137 mM; KCl 5.36 mM; MgSO<sub>4</sub>·7H<sub>2</sub>O 0.81 mM;
- Dextrose 5.55 mM; KH<sub>2</sub>PO<sub>4</sub>·7H<sub>2</sub>O 0.34 mM; Hepes 20 mM;
- Penicillin 50U/ml and Streptomycin 50 µg/ml
- 0.1% trypsin/0.001% DNaseI or I in dissociation buffer.
- DNaseI-Sigma (V, EC3.1, 1,22.1, bovine spleen, filter (0.2 µm).
- trypsin-1:250 from Difco Lab, Cat#0152-13-1, Lot:89568JK

Serum-free medium: DMEM21/COON'S F12 + 1 mg/ml DBA + 1XP/S

20 Culture medium: DMEM21/COON'S F12 + 10% FBS + 1X P/S

Isolation:

- Roll pups in a small amount of 75% ethanol, decapitate and cut the hoax open, isolate the heart and cut the ventricle out at AV groove and quickly remove to a 50 ml tube containing 30 ml CBFHH + 0.3 ml heparin (1000U/ml).
- Transfer hearts to a 100-mm Petri dish, wash with CBFHH twice, trim ventricle and cut ventricle into 6-8 pieces.
- Transfer heart tissues with wide tip 10-ml pipet to 50 ml tube. Add 10 ml CBFHH with 0.1% trypsin + 0.001% DNaseI.
- Rock for 10 minutes (do not over-digest the cells).
- Gently pipette the tissue 10X.
- Let the tissue settle down, then discard the supernatant (mainly cell debris).
- Repeat the dissociating procedure and collect the supernatant in a 50 ml tube containing 7 ml of FBS at room temperature (supernatant contains isolated cells). The whole dissociation requires 12-16X.

- Collect all supernatant and spin down the pellet at 1000rpm for 5-6 minutes at room temperature.
  - Wash the pellet once with DMEM21/COON'S F12 + 10% FBS + 0.001% DNase, make sure than the pellet is well suspended.
  - Strain cells with a cell strainer (70 µM), pellet cells again.
- 5            • Add 40 ml culture medium to the pellet (isolated from about 20 ventricles).
- Preplate cells in 100-mm dish – 10 ml/dish, for 30-45 minutes at 37°C.
  - Collect supernatant from the preplated plate (non-myocytes have already attached to the plate but myocytes still in suspension).
  - Wash the plated with 10 ml culture medium. Bang the empty plate 10 times to detach myocyte that may stick to the plate. Repeat this procedure 4x.
- 10          • Count cells and determine viability.
- Seed cells into fibronectin coated plates at a density of 0.1 million cells/cm<sup>2</sup> in culture medium and return to the incubator overnight.
  - The next day, change to serum-free medium for 24 hours.
- 15          • Perform experimental incubations.

Cryopreserved human peripheral blood mononuclear cells were purchased from Clonetech Corp. and maintained in short term culture in lymphocyte growth media. Experimental incubations utilized  $2 \times 10^5$  cells/well/100 µl in a 96 well format.

Cryopreserved human cardiac fibroblasts obtained from a single adult male donor (60 years) were purchased from Clonetech Corp. and maintained in short term culture in fibroblast growth media. Experimental incubations utilized  $4 \times 10^3$  cells/well/100µl in a 96 well format.

## 2. Cell incubations and preparation of RNA

Cells were treated with known stimuli in quadruplet over a time course. The known stimuli reflect the therapeutic areas of inflammation and fibrosis.

### 25      Cell Type              Stimuli

Cardiac myocytes CT-1, Ang II, TNF-α, IL-1β, TGF-β or recombinant protein

Cardiac fibroblasts LPS, TNF-α, IL-1β, IL-6, TGF-β or recombinant protein

Monocytes/macrophage LPS, TNF-α, IL-1β, IL-6, TGF-β or recombinant protein

Following incubation, cell culture supernatants were removed and total RNA isolated according to the Qiagen 30 RNeasy® 96 procedure. Total RNA was then analyzed by Quantitative Real Time Polymerase Chain Reaction using an ABI Prism 7700 Sequence Detection System.

Real-time Quantitative PCR uses a fluorogenic 5' nuclease assay performed with the TaqMan® PCR Reagents designed and optimized for use with a 7700 Sequence Detector. Using this assay, one can detect and monitor target gene sequences. During PCR, a fluorogenic probe, consisting of an oligonucleotide with both a reporter

and a quencher dye attached, anneals specifically between the forward and reverse primers. When the probe is cleaved by the 5' nuclease activity of the DNA polymerase, the reporter dye is separated from the quencher dye, and a sequence-specific signal is generated. With each cycle, additional reporter dye molecules are cleaved from their respective probes, and the fluorescence intensity is monitored during the PCR. The 7700 system monitors PCR at every cycle. This real-time detection generates quantitative data based on the PCR at early cycles when PCR fidelity is the highest.

We have designed multiple primer and probe combinations for use in this assay. The genes covered include those genes identified by high density differential display as described hereinbefore, thus allowing us to examine these gene expressions in tissue culture (and human samples) in cells that have been treated with a number of known pathological stimuli pertaining the inflammation or fibrosis. Additionally, a number of assays have been developed which reflect the diseases phenotype themselves. These assays are used to determine whether treatment of a cell type with a recombinantly expressed protein will induce a phenotype which relates to inflammation and/or fibrosis.

### 3 Results

RNA isolated from neonatal rat cardiac myocytes treated with stimuli known to induce a hypertrophic response, was analyzed for the expression of OSF-2. The results are illustrated in Figure 10. Following 24 hours of incubation cardiotrophin (CT 1) and TGF- $\beta$  were shown to induce OSF-2 by eight-fold compared the untreated cells. Other hypertrophic stimuli (IL-1 $\beta$ , TNF- $\alpha$  and AngII) also induced OSF-2 by three-fold above control. This is the first demonstration of regulation of OSF-2 in a tissue culture setting in response to hypertrophic stimuli.

In another experiment, we have found that treatment of human peripheral blood mononuclear cells with known inflammatory stimuli (LPS and TNF- $\alpha$ ) causes an upregulation of prostacyclin stimulating factor (mac25, IGFBP7). As shown in Figure 11, this gene induction was prevented by inclusion of a p38 $\alpha$  inhibitor (NPC-30753) in the incubation media.

Rat neonatal myocytes were treated with 0, 0.2 or 1 $\mu$ g/ml OSF-1 for 0.5, 1, 2 and 24 hours. Total RNA was isolated and assayed for ANP and GAPDH transcript levels. The data (Figure 12) shows a two-fold up-regulation of ANP by OSF-1 at 0.5 hours treated with 1 $\mu$ g/ml OSF-1, indicating a possible hypertrophy promoting activity of OSF-1.

Human peripheral blood mononuclear cells were treated with 0, 0.1 or 5 µg/ml insulin-like growth factor binding protein 6 (IGFBP-6) for 1, 12, 24 and 48 hours. Total RNA was isolated and assayed for IL-1 $\beta$ , COX-2 and GAPDH transcript levels. The data shown in Figure 13 show a 15-fold up-regulation of COX-2 and a six-fold up-regulation of IL-1 $\beta$  at 24-48 hours, indicating a proinflammatory activity of IGFBP-6.

Human peripheral blood mononuclear cells were treated with 0, 0.4, 0.8, 2 and 4 nM concentrations of IGFBP-6 for 24 hours. Cell culture supernatants were analyzed for IL-1 $\beta$  protein content by ELISA. The data set forth in Figure 14 shows a dose-dependent induction of IL-1 $\beta$  protein by IGFBP-6, the EC50 of which is about 1nM. This data finding reinforces the data shown in Figure 14, since up-regulation of the IL-1 $\beta$  gene is translated into increased

protein synthesis. Additionally, IGFBP-6 was shown to induce synthesis of TNF- $\alpha$  and IL-6. The upregulation of a proinflammatory cytokine, such as these, is a strong indicator of a pro-inflammatory activity of IGFBP-6.

.....

The present invention is not to be limited in scope by the specific embodiments described which are intended  
5 as single illustrations of individual aspects of the invention and functionally equivalent methods and components are  
within the scope of the invention, in addition to those shown and described herein will become apparent to those  
skilled in the art from the foregoing description and accompanying drawings. Such modifications are intended to fall  
within the scope of the appended claims.

We claim:

1. A method for the treatment of a disease, specifically cardiac, kidney or inflammatory disease, comprising the administration to a subject of an effective amount of a modulator of one or more genes encoding human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II, or their expression products.
2. The method of claim 1, wherein said modulator is a negative modulator.
3. The method of claim 1, wherein said modulator is a positive modulator.
4. The method of claim 1, wherein said modulator is one or more of human proteins of the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, or their expression products.
5. The method of claim 1, wherein said modulator is selected from the group consisting of peptides, phosphopeptides, small organic or inorganic molecules, antibodies, and epitope-binding fragments.
6. The method of claim 1, wherein said modulator is selected from the group consisting of antisense, ribozyme, and triple helix molecules.
7. The method of claim 1 wherein said subject is a human.
8. A method for the treatment of a disease, specifically cardiac, kidney or inflammatory disease, comprising the administration of an effective amount of a modulator of one or more of human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II, or their expression products.
9. The method of claim 8, wherein said modulator is a negative modulator.
10. The method of claim 8, wherein said modulator is a positive modulator.
11. The method of claim 8, wherein said modulator is one or more of human proteins of the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, or their expression products.
12. The method of claim 8, wherein said modulator is selected from the group consisting of peptides, phosphopeptides, small organic or inorganic molecules, antibodies, and epitope-binding fragments.
13. The method of claim 8, wherein said modulator is selected from the group consisting of antisense, ribozyme, and triple helix molecules.
14. A method for treating cardiac, kidney, or inflammatory disease, comprising administering to a human an effective amount of one or more human proteins of the group consisting of native sequence 1-8U, native

sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II.

5        15. A method for treating cardiac, kidney, or inflammatory disease comprising administering to a human an effective dose of an antibody to a cellular receptor of one or more of the human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine 10 receptor, and native sequence cellular ligand of annexin II.

15        16. A method for treating cardiac, kidney, or inflammatory disease comprising administering to a human an effective dose of an organic molecule inhibitor capable of binding to a cellular receptor of one or more of the human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II.

20        17. A method of preventing or treating cardiac, kidney, or inflammatory disease in a subject, comprising the steps of administering to said subject the expression product of an isolated nucleotide sequence encoding one or more of human proteins of the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II.

18. The method of claim 17, wherein said isolated nucleotide sequence is operably linked to a regulatory sequence that controls expression of the coding sequence in a host cell.

25        19. The method of claim 17, wherein said isolated nucleotide sequence is part of a vector.  
20. The method of claim 17, wherein a host cell is transformed with said isolated nucleotide sequence.  
21. The method of claim 20, wherein said host cell is a human cell.  
22. The method of claim 21, wherein said human cell is a cardiac cell.  
23. The method of claim 22, wherein said cardiac cell comprises a left ventricle cell.  
30        24. The method of claim 17, wherein said subject is a human.  
25. An isolated nucleotide sequence comprising an antisense oligonucleotide capable of hybridizing with, and inhibiting the translation of, the mRNA encoded by a gene encoding one or more of human proteins of the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, or a portion thereof.

26. The isolated nucleotide sequence of claim 25, operably linked to a regulatory sequence that controls expression of the coding sequence in a host cell.
27. A vector comprising the isolated nucleotide sequence of claim 25.
28. A host cell transformed with the isolated nucleotide sequence of claim 25.
29. The host cell of claim 28, wherein said host cell is a human cell.
30. The host cell of claim 29, wherein said human cell is a cardiac cell.
31. The host cell of claim 30, wherein said cardiac cell comprises a left ventricle cell.
32. A method of preventing or treating cardiac, kidney, or inflammatory disease in a human patient, comprising the steps of administering syngeneic host cells transformed with the isolated nucleotide sequence of claim 25.
33. The method of claim 32, wherein said host cells are cardiac cells.
34. The method of claim 33, wherein said cardiac cells are left ventricle cells.
35. A method for screening a subject for cardiac, kidney, or inflammatory disease characterized by the differential expression of one or more proteins, comprising the steps of:
- measuring the expression in said subject of one or more genes encoding human proteins selected from the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II; and
- determining the relative expression of one or more genes encoding said human proteins in said subject with the expression of said one or more genes encoding said human proteins in normal subjects.
36. The method of claim 35, wherein said determining step indicates at least a two-fold difference in expression of said one or more genes encoding human proteins in said subject with the same said one or more genes encoding said human proteins in said normal subjects.
37. The method of claim 35, wherein said subject is a human.
38. An array comprising one or more oligonucleotides complementary to reference DNA or RNA sequences encoding one or more human proteins selected from the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, or portions thereof, said reference DNA or RNA sequences obtained from both a biological sample from a normal subject and a biological sample from a subject exhibiting cardiac, kidney, or inflammatory disease.
39. The array of claim 38, wherein said normal subject and said subject exhibiting cardiac, kidney, or inflammatory disease are human.

40. A method for detecting cardiac, kidney, or inflammatory disease in a human patient comprising the steps of:

providing an array of oligonucleotides at known locations on a substrate, said array comprising oligonucleotides complementary to reference DNA or RNA sequences encoding one or more human proteins selected from the group consisting of

1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, said reference DNA or RNA sequences obtained from both a biological sample from a normal patient and a biological sample from a patient exhibiting cardiac, kidney, or inflammatory disease;

10 exposing under hybridization conditions said array to a first sample of cDNA probes constructed from mRNA obtained from a biological sample from a normal patient;

exposing under hybridization conditions said array to a second sample of cDNA probes constructed from mRNA obtained from a biological sample obtained from said human patient;

15 quantifying any hybridization between said first sample of cDNA probes and said second sample of cDNA probes with said oligonucleotide probes on said array; and

determining the relative expression of genes encoding one or more human proteins selected from the group consisting of native sequence 1-8U, native sequence prostacyclin-stimulating factor, native sequence osf-2, native sequence tissue specific mRNA protein, native sequence IGFBP-6, native sequence OSF-1, native sequence gas-1, native sequence YMP, native sequence BTG2, native sequence SDF1a, native sequence peripheral benzodiazepine receptor, and native sequence cellular ligand of annexin II, in said biological sample from said normal patient and said biological sample from said human patient.

41. The method of claim 40, wherein said determining step determines an at least about two-fold difference in expression of said one or more genes encoding human proteins in said human patient with the same said one or more genes encoding said human proteins in said normal patient.

25 42. The method of claim 40, wherein said biological sample obtained from said patient comprises blood.

43. The method of claim 40, wherein said biological sample obtained from said patient comprises tissue.

44. The method of claim 43, wherein said tissue obtained from said patient comprises cardiac tissue.

45. The method of claim 40, wherein said first sample of cDNA probes is labeled with a first 30 fluorescent label and said second sample of cDNA probes is labeled with a second fluorescent label.

46. The method of claim 40, wherein said quantifying step comprises examining said array under conditions where oligonucleotides in said array that are hybridized predominantly to cDNA probes from one of said first sample or said second sample give a distinct first emission color or a distinct second emission color, respectively, and

wherein oligonucleotides in said array that are hybridized to substantially equal numbers of cDNA probes derived from said first sample or said second sample give a distinct combined emission color.

47. The method of claim 40, wherein said determining step comprises measuring the observed fluorescence emission color of said oligonucleotides in said array.

5 48. The method of claim 40, wherein said cardiac disease is selected from one or more of the group consisting of CHF, dilated congestive cardiomyopathy, hypertrophic cardiomyopathy, restrictive cardiomyopathy, mitral valve disease, aortic valve disease, tricuspid valve disease, angina pectoris, myocardial infarction, cardiac arrhythmia, pulmonary hypertension, arterial hypertension, renovascular hypertension, arteriosclerosis, atherosclerosis, and cardiac tumors.

10 49. A diagnostic kit for diagnosing cardiac, kidney, or inflammatory disease associated with a differentially expressed gene comprising an array of oligonucleotides at known locations on a substrate, said array of oligonucleotides complementary to reference DNA or RNA sequences encoding one or more human proteins selected from the group consisting of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II, said reference DNA 15 or RNA sequences obtained from a biological sample from a normal subject and a biological sample from a subject exhibiting cardiac, kidney, or inflammatory disease.

50. The kit of claim 49, wherein said kit further comprises control oligonucleotide probes.

51. The kit of claim 49, wherein said kit further comprises PCR reagents.

52. The kit of claim 49, wherein said subjects are human subjects.

20 53. The kit of claim 49, wherein said biological sample comprises blood.

54. The kit of claim 49, wherein said biological sample comprises tissue.

55. The kit of claim 54, wherein said tissue comprises cardiac tissue.

56. A diagnostic kit for diagnosing cardiac, kidney, or inflammatory disease associated with a differentially expressed gene comprising an antibody to one or more human proteins selected from the group consisting 25 of 1-8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin.

57. The kit of claim 56, wherein said antibody is a monoclonal antibody.

58. The kit of claim 56, wherein said kit further comprises a detectable label.

59. The kit of claim 56, wherein said subjects are human subjects.

30 60. The kit of claim 56, wherein said biological sample comprises blood.

61. The kit of claim 56, wherein said biological sample comprises tissue.

62. The kit of claim 61, wherein said tissue comprises cardiac tissue.

63. A method for identifying a modulator of a differentially expressed cardiac, kidney, or inflammatory disease gene comprising the steps of:

contacting a biological sample from a subject having a disease, with a compound;  
determining the expression level of said differentially expressed gene; and  
comparing the expression of said differentially expressed gene in said subject with the expression level of  
said differentially expressed gene in a normal subject or the expression level of said differentially expressed gene in  
5 said subject prior to said contacting step.

64. The method of claim 63, wherein said compound is selected from the group consisting of small molecules, active polypeptides and antibodies.

65. A method of preventing or treating cardiac, kidney, or inflammatory disease in a subject, comprising  
the steps of administering to said subject an isolated nucleotide sequence encoding one or more of human proteins of  
10 the group consisting of 1·8U, prostacyclin-stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1,  
gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, and cellular ligand of annexin II.

66. The method of claim 65, wherein said isolated nucleotide sequence is operably linked to a regulatory sequence that controls expression of the coding sequence in a host cell.

67. The method of claim 65, wherein said isolated nucleotide sequence is part of a vector.  
15 68. The method of claim 65, wherein a host cell is transformed with said isolated nucleotide sequence.  
69. The method of claim 68, wherein said host cell is a human cell.  
70. The method of claim 69, wherein said human cell is a cardiac cell.  
71. The method of claim 67, wherein said vector is a viral vector.  
72. The method of claim 65, wherein said subject is a human.

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Cy 5: Rat Heart  
(Scios)

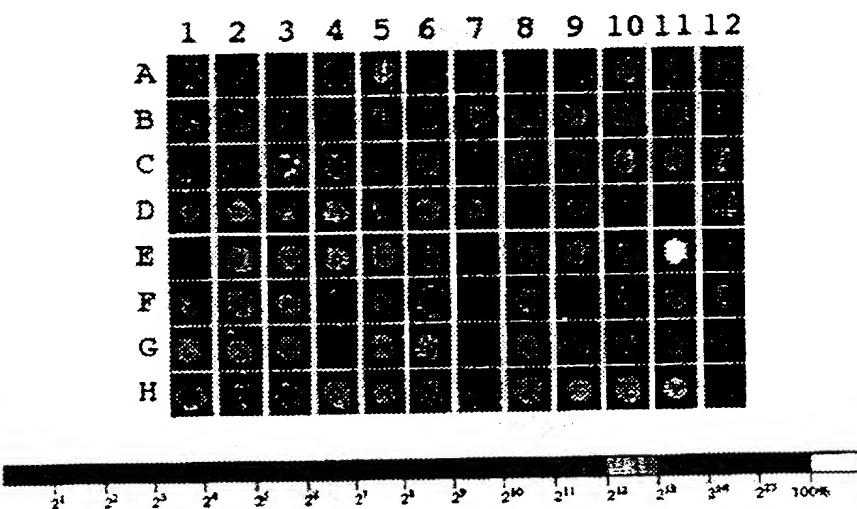


FIG. 3

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2174

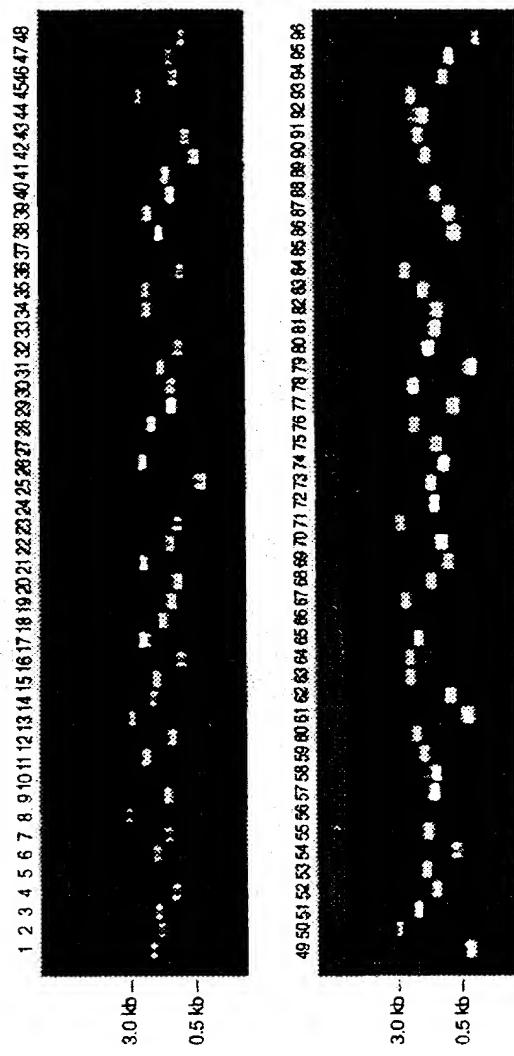


FIG. 2

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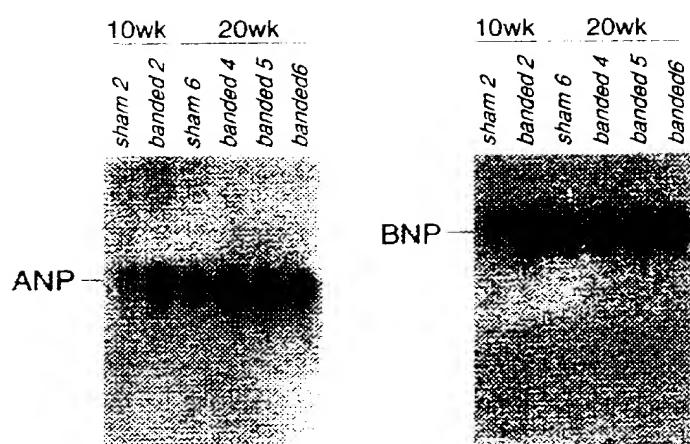


FIG. 1

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**FIGURE 4**  
**Expression Report**

CloneID	Name	MI Left Ventricle						MI Septum			Viral myocarditis			LVH	PKD	
		2w	4w	8w	12w	16w	2w	4w	8w	12w	16w	3d	9d	30d		
P0182_F08	B1G2	-1.9	-1.4	-1.6	1.2	1.0	-2.2	-2.4	-1.6	-1.0	1.2	5.4	2.0	-1.5	1.5	-1.1
P0204_E06	I-8U	2.0	2.3	2.4	2.1	2.1	1.3	1.7	1.7	1.4	1.4	4.1	4.3	1.5	-1.4	1.9
P0207_C03	gas-1	1.3	1.5	1.1	-1.1	1.0	1.1	1.4	1.2	1.1	-1.3	-1.3	-1.3	-1.3	-1.3	-1.1
P0214_A11	YMP	1.7	2.4	1.5	1.9	1.6	1.3	1.3	1.3	1.2	1.0	-1.2	2.0	1.4	-1.4	2.4
P0219_H09	SDF1a	-1.0	1.2	-1.1	1.1	-1.0	-1.1	1.3	-1.1	-1.1	1.1	-1.3	-1.3	-1.0	2.0	-1.9
P0228_H09	tissue specific mRNA	1.5	2.2	1.9	1.9	1.5	1.4	1.2	1.3	1.6	1.3	2.0	3.0	1.6	-1.2	1.6
P0242_B03	peripheral benzodiazepine receptor	1.1	1.0	1.6	1.2	1.2	1.4	1.0	1.4	1.4	1.3	2.3	6.0	1.7	-2.1	2.0
P0246_H10	IGFBP-6	2.1	2.4	2.4	2.7	2.7	1.1	1.4	1.5	1.5	1.5	1.2	-1.1	1.5	1.1	
P0248_D11	osf-2	6.2	8.4	4.3	4.3	4.7	2.2	4.1	2.2	1.5	2.1	-1.3	2.2	1.1	1.5	
P0267_B09	OSF-1	1.5	2.1	1.2	1.3	1.6	1.3	1.4	1.3	-1.4	1.0	1.1	1.3		-2.6	
P0267_E02	prostacyclin-stimulating factor	2.7	3.3	2.7	2.4	2.4	1.3	1.7	1.5	1.3	-1.1	1.7	1.2	1.5	-1.3	
P0268_G09	cellular ligand of annexin II (p11)	3.2	3.2	2.7	3.1	2.6	2.3	1.8	2.1	1.6	1.4	1.0	4.2	1.3	-1.8	3.4

5174

**FIGURE 5A**

X61381: R. rattus interferon induced mRNA (SEQ ID NO:1)

X57352: Human 1-8U gene from interferon-inducible gene family (SEQ ID NO:2)

Percent Similarity: 75.691 Percent Identity: 75.691

X61381.seq x X57352.seq

25 ACCATGAAACCACACTCTCAAGCCTCGTGAACGCTGCCACTGGGGGACA 74  
       |||||     |||||     |||    |||||    |||    |||    |||  
 235 ACCATGACTCACACTGTCCAAACCTTCTCTCCTGTCAACAGTGGCCA 284  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 75 ACCCCCCAAACTACGAAAAGAATCAAGGAAGAATATGAGGTGTCTGAACCTGG 124  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 285 GCCCCCCAACTATGAGATGCTCAAGGAGGAGCACGAGGTGGCTGTGCTGG 334  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 125 GGGCTCCCCACGGATCGGCTCTGTCAAGAACTACCGTGATCAACATGCC 174  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 335 GGGGGCCCCACAACCCCTGCTCCCCCGACGTCCACCGTGATCCACATCCGC 384  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 175 AGAGAGGTCTGTGCCTGACCATGTGGTCTGGTCCCTGTTCAATACGCT 224  
       |||    |||     |||    |||||     |||||     |||||     |||||    |||  
 385 AGCGAGACCTCCGTGCCGACCATGTCGTTGGTCCCTGTTAACACCCCT 434  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 225 CTTCATGAACCTCTGCTGCCTGGGCTTCATTGCCTATGCCTACTCTGTGA 274  
       |||||     |||||     |||||     |||||     |||    |||||    |||  
 435 CTTCATGAACCCCTGCTGCCTGGGCTTCATAGCATTGCCTACTCCGTGA 484  
       |||||     |||||     |||||     |||||     |||    |||||    |||  
 275 AGTCTAGGGATCGGAAGATGGTGGGTGATATGACTGGAGCCAGGCCTAC 324  
       |||||     |||||     |||    |||    |||||    |||    |||||  
 485 AGTCTAGGGACAGGAAGATGGTGGCGACGTGACCAGGGCCCAGGCCTAT 534  
       |||||     |||||     |||    |||    |||||    |||    |||||  
 325 GCATCCACTGCCAAATGCCTGAACATCAGCTCCCTGGTCCTCAGCATCCT 374  
       |||    |||||     |||||     |||||     |||    |||||    |||  
 535 GCCTCCACCGCCAAGTGCCTGAACATCTGGGCCCTGATTCTGGGCATCCT 584  
       |||||     |||||     |||    |||||    |||    |||||    |||  
 375 CATGGTCATTAT 386  
       |||||     |||||     |||  
 585 CATGACCATTCT 596

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**FIGURE 5B**

P0267\_E02 (SEQ ID NO.3)

S75725: prostacyclin-stimulating factor (SEQ ID NO.4)

Percent Similarity: 79.087 Percent Identity: 78.707

P0267\_E02.seq x S75725.seq

1	TACGAGTGCCACCGCGTCCAATT	.	CCAAGGACAGGCTTCAGCGTCGGCCAA	49						
11										
158	TATGAGTGC	CATGC	ATCCAATTCCC	AAGGACAGGCTTCAGCATCAGCAA	807					
5	AATTACAGTGGTTGATGCC	CATA	CACGAAATACCAGTGA	AAAAAAGGTGAAG	99					
11										
818	AATTACAGTGGTTGATGCC	TTACATGAAATACCAGTGA	AAAAAAGGTGAAG	857						
11	GTGCTCAGCTATAAACCTGC	.	GAATA.	CATTAGCCTCTG	TAGCTGACGCG	147				
111										
658	GTGCGGAGCTATAAACCTCC	CAGAATATTATTAGTCTGC	ATGGTT	.....	901					
145	CTCTCAGACAGCTGACAGCTGTAAC	.....	CCCAC	TCC	TGCCTGACAT	190				
111										
907	.....AAAAGTAGTCATGGATAACTACATTAC	ACTGTTCTTGCCTAATAA	945							
191	ATTCCTTGAACCTAACACACTAAC	TTATTACAGCCAGCTGATT	TTA	240						
111										
946	GTTTCTTTAATCCAATCC	ACTAACACTT	AGTTATATTCACTGGTT	TA	995					
241	CAGAG.....AAATCNAAGATAACACAT	.	AAGACTATCTAC	275						
111										
996	CACAGAGAAATACAAAATAAAGATCACACATCAAGACTATCTAC	1039								

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**FIGURE 5C**

P0248 D11.seq (SEQ ID NO:5)

D13665: Human mRNA for osteoblast specific factor 2 (OSF-2p1)  
(SEQ ID NO:6)

Percent Similarity: 85.039 Percent Identity: 85.039

P0248 D11.seq x D13665.seq

1 AAGCAAAATCTATGTGAAAGGAGTCATGAAGACGCTTGGTGAATGAG 50  
||||| ||||| + ||||| ||| + ||| + ||| + ||| + ||| + ||| + |||  
1797 AAGCAAAATCTTCTGAAAGAAGTAAATG. ATACACTTCTGGTGAATGAA 1845  
  
51 TTGAAGTCAAAGAACATCTGACATCATGACAACAAACGGCGTCATTACGT 100  
||||| + ||| + ||||| + ||||| + ||||| + ||||| + ||| + ||| + |||  
1846 TTGAAATCAAAGAACATCTGACATCATGACAACAAATGGTGTAAATTCACTGT 1895  
  
101 TGTGGACAAACTCCTCTATCCAGCAGACATTCCGGTTGGAAATGATCAGC 150  
||| + ||| + ||||| + ||||| + ||||| + ||| + ||||| + ||||| + |||  
1896 TGTAGATAAAACTCCTCTATCCAGCAGACACACCTGGTGGAAATGATCAAC 1945  
  
151 TCTTGGAAATTACTGAACAAACTGATAAAATACATCCAAATTAAGTCGTT 200  
| + ||||| + ||| + ||| + ||| + ||||| + ||||| + ||||| + ||| + |||  
1946 TGCTGGAAATACTTAATAAAATTAAATCAAATACATCCAAATTAAGTTGTT 1995  
  
201 CGTGGCAGCACCTCAAAGAAAATCCCCATGACTGTCTATACAACAAAAA 250  
||||| + ||||| + ||||| + ||||| + ||||| + ||||| + ||| + |||  
1996 CGTGGTAGCACCTCAAAG. AAATCCCCGTGACTGTCTATAAGCCAATTAA 2044  
  
251 TTATAA 256  
||| + |||  
2045 TTAATAA 2050

**FIGURE 5D**

P0228 H09.seq (SEQ ID NO:7)

X67698: H.sapiens tissue specific mRNA (SEQ ID NO:8)

Percent Similarity: 79.715 Percent Identity: 79.359

P0228 H09.seq x X67698.seq

1 GATGAGCTTCCGTAC.CCCACGATCCTGCTGCTGGCGCTGGTCGCCGCCA 49  
||||| | ||||| | | ||| ||||||| ||||||| | |||||  
10 GATGCGTTCCGTGGCAGCTACATTCCCTGCTCCTGGCGCTCAGCACCGCTG 59  
||| ||| ||| ||| ||| ||| ||| ||| ||| ||| ||| |||  
50 CCCAGGCCGAGCCCCCTGCACTTCAAGGACTGCGGTTCTAAAGTGGGAGTT 99  
||||| ||| ||| ||| ||| ||| ||| ||| ||| ||| |||  
60 CCCAGGCCGAACCGGGTGCAGTTCAAGGACTGCGGTTCTGTGGATGGAGTT 109  
||| ||| ||| ||| ||| ||| ||| ||| ||| |||  
100 ATAAAGGAAGTGAATGTGAGCCCATGCCCTACCCAGCCCTGTCAGCTACA 149  
||||| ||| ||| ||| ||| ||| ||| ||| ||| |||  
110 ATAAAGGAAGTGAATGTGAGCCCATGCCCTACCCAGCCCTGCCAGCTGAG 159  
||| ||| ||| ||| ||| ||| ||| ||| |||  
150 CAAAGGCCAGTCCTACAGTGTCAACGTCACCTTACTAGCGGCACTCAGT 199  
||||| ||| ||| ||| ||| ||| ||| ||| ||| |||  
160 CAAAGGACAGTCTAACAGCGTCAATGTCACCTCACCCAGCAATATTCACT 209  
||| ||| ||| ||| ||| ||| ||| |||  
200 CCCAGAACAGCACGGCCTGGTCCACGGCATCTTGGCAGGGGTCCCAGTC 249  
| | | ||| | | | | | | | | | | | | | | | | |  
210 CTAAAAGCAGCAAGGCCGTGGTGCATGGCATCCTGATGGCGTCCCAGTT 259  
||| ||| ||| ||| : ||| |||  
250 TACTTCCCTATTCCGTAGCCTGACNGTTGTA 281  
||| ||| ||| ||| : ||| |||  
260 CCCTTTCCCATTCCTGAGCCTGATGGTTGTA 291

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## **FIGURES 5E-1 - 5E-2**

- M69055: Rat insulin-like growth factor binding protein (rIGFBP-6)  
(SEQ ID NO:9)  
M62402: Human insulin-like growth factor binding protein 6 (IGFBP6)  
(SEQ ID NO:10)

Percent Similarity: 76.053 Percent Identity: 76.053

M69055.seq x M62402.seq

4 CCATGACCTGGGACGGACTGCCAACAGCCGCTTGTGATGCTGTTAATG 53  
.....||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
52 CCATGACCCCCCACAGGCTGCTGCCA...CCGCTGCTGCTGCTAGCT 98  
  
54 CTGTTGTTCGCTGCAGGCTCCGAGTCGGCCTTAGCAGGGGTGCCCGGGCTG 103  
||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
99 CTGCTGCTCGCTGCCAGGCCAGGAGGCGCCTTGGCGCGTGCCAGGCTG 148  
  
104 CGGGCCGGGGTGC..... AGGAGGAAG 126  
||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
149 CGGGCAAGGGGTGCAGGCAGGGTTGTCCAGGGGGCTGCGTGGAGGAGGAGG 198  
  
127 ACAGCGGGGTCGCCTGCAGACGGCTGTGCAGAGACCGGAGGCTGTTCAAGG 176  
||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
199 ATGGGGGGTCGCCAGCGAGGGCTGCGCGGAAGCTGAGGGCTGTCTCAGG 248  
  
177 AGAGAGGGGCAACCGTGCAGGGCTACATCCCTAAAGTGCAGCCCCAGGACT 226  
||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
249 AGGGAGGGGCAGGAGTGCAGGGCTACACCCCTAACTGCAGCCCCAGGACT 298  
  
227 GCAGTGCCAACCCCAGAGAGAACGAAGAGACACCTTGCAGGGCGCTGCTGA 276  
||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
299 GCAGTGCCATCCGCCAAGGACGACGAGGCCTTGCAGGGCGCTGCTGC 348  
  
277 TCGGCCAGGGCCGCTGTCAACCGCCAGAGGGCC..... GTCGGAAGAG 320  
||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
349 TCGGCCAGGGCCGCTGCCTCCGGCCCGCGCCTGCTGTTGCAGAGGAG 398  
  
321 ACTACCAAGGAGAGCAAACCCATGGAGGCGCTCCGCCACGTGA... 367  
||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
399 AATCCTAAGGAGAGTAAACCCCAAGCAGGCACGTGCCCGCCACAGGATGT 448  
  
368 .....CAGAGACCAGCAAAAGAATCCACGGACCTCGGCTGCCCTATAA 411  
||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
449 GAACCGCAGAGACCAACAGAGGAATCCAGGCACCTCTACCACGCCCTCCC 498  
  
412 GGCCCAGTCC..... TGTTCAAGATGGTGAATGGGCCCTGCCGAGA 455  
||||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..||| ..|||  
489 AGCCCAATTCTGCAGGGTGTCCAAGACACTGAGATGGGCCCATGCCGTAGA 548

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456 CACTTGGATTCAAGTACTGCAGCAGCTCCAGACTGAGGTCTCAGAGGCCG 505  
|| | ||| | | | | | | | | | | | | | | | | | | | | | | | | | |  
549 CATCTGGACTCAAGTGCTGCAGCAACTCCAGACTGAGGTCTACCGAGG.GG 597  
  
506 AGCAAATGGGCTCTATGTGCCAAACTGTGACCTCAGAGGTTCTACCGCA 555  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
598 CTCAAA..CACTCTACGTGCCAATTGTGACCATCGAGGCTTCTACCGGA 645  
  
556 AGCAGCAGTGTGTTCCCTCGCAGGGGAATGCCGTGGTCCCTGCTGGTGT 605  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
646 AGCGGCAGTGCCGCTCCCTCCCAGGGGAGCGCCGAGGTCCCTGCTGGTGT 695  
  
606 GTGGATCGATGGGCAGCCTTGCCAGTGTCCTCAGATGCCAGGGAAAG 655  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
696 GTGGATCGGATGGCAAGTCCCTGCCAGGGTCTCCAGATGCCAATGGAAG 745  
  
656 CTCTCAGTGCTCTGCCAGGAGCAGCGGGTAAACCTGGTG.....GGAGC 700  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
746 CTCCCTCTGCCCACTGGGAGTAGCGGCTAAAGCTGGGGATAGAGGGC 795  
  
701 CTCCAGGACCCCTGGCAGGAGCATGGGCTGTCATTGAGCTCTATGTGAA 750  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
796 TGCAGGGCCACTGGAAGGAACATGGAGCTGTCA.....CA 831  
  
751 GTGATGATAACTCTGTGCCCGAGATGAGACCCACCTCAAGCCCTACCC 800  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
832 CTCAACAAAAAACGAGGCCCTCAAT.....CCACCTTCAGGCCCGCCC 876  
  
801 CATTGTCCCTGTCAACCCCTGGCCTTACACAGCAAGTTAGAAAGA...T 847  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
877 CATGGGCC.CTCACCGCTG.....GTTGGAAAGAGTGT 909  
  
848 TGTTGTTGGCTTGTGTAATAAGCTG 876  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
910 TGGTGTGTTGGCTGGGGTGTCAATAAGCTG 938

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## **FIGURES 5F-1 - 5F-2**

M55601: R.norvegicus heparin-binding growth associated molecule  
(SEQ ID NO:11)  
D90226: Human mRNA for OSF-1 (SEQ ID NO:12)

Percent Similarity: 88.177 Percent Identity: 88.177

M55601.seq x D90226.seq

142 GGGGAGAGC .GCAGCCGCCAGGCAGGAGCAGCAGCCAGC ..GATACCTG 188  
1 GGGGAGAGCAGCAGCGGCCAAGCAGGAGCTGCAGCGAGCCGGTACCTG 50  
189 GAGTCGGTGCAGAAACCTCGCCCTGCACTTGCAACAAAGGCAGCCTG. 237  
51 GACTCAGCGGTAGCAACCTCGCC.....CCTTGCAACAAAGGCAGACTGA 95  
238 CTGTCAGCGAGGACATCTGCCAAGCCAAAAATGTCGTCCCAGCAATACC 287  
96 GCGCCAGAGAGGACGTTT..CCAACTCAAAAATGCAGGCTAACAGTACC 143  
288 ACCAGCAACGTCAAAATTGAGCTGCCTTCTGGCTTGATTTCATC 337  
144 ACCAGCAGCGTCGAAAATTGAGCTGCCTTCTTGGCATTCAATTCATA 193  
338 CTGGCAGCCGTGGACACTGCTGAGGCCGGAAAAAGAGAAACCAGAAAA 387  
194 CTGGCAGCTGTGGATACTGCTGAAGCAGGGAAGAAAGAGAAACCAGAAAA 243  
388 AAAGGTGAAAAAAATCTGACTGTGGAGAATGGCAATGGAGTGTGTGCGTGC 437  
244 AAAAGTGAAGAACTCTGACTGTGGAGAATGGCAGTGGAGTGTGTGCGTGC 293  
438 CCACCAGCGGGGACTGTGGTCTAGGCACCCGGGAGGGCACTCGCACTGGT 487  
294 CCACCAGTGGAGACTGTGGCTGGCACACGGGAGGGCACTCGGACTGGA 343  
488 GCCGAGTGCACAAACCATGAAGACTCAGAGATGTAAGATCCCTGCAA 537  
344 GCTGACTGCAACCAACCATGAAGACCCAGAGATGTAAGATCCCCTGCAA 393  
538 CTGGAAGAACGAGTTGGAGCTGAGTGCACAAATACCAGTCCAGGCTTGGG 587  
394 CTGGAAGAACGAAATTGGCGGGAGTGCAAATACCAGTCCAGGCTTGGG 443  
588 GAGAATGTGACCTCAATACCGCCTGAAAGACCAGAACTGGCAGTCTGAAG 637  
444 GAGAATGTGACCTGAAACACAGCCCTGAAGACCAGAACTGGAAAGTCTGAAG 493

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638 AGAGCTCTGCACAATGCCGACTGTCAGAAAATGTCACCCTCCAAGCC 687  
||||| ||||||||||||| | | ||||| |||||||||||||  
494 CGAGCCCTGCACAATGCCGAATGCCAGAAGACTGTCACCCTCCAAGCC 543

688 CTGTGGCAAACCTCACCAAGCCCCAGCCTCAAGCGGAATCAAAGAAGAAGA 737  
||||| ||||| | ||||| | ||||| | ||||| | |||||  
544 CTGTGGCAAACCTGACCAAGCCCCAACCTCAAGCAGAATCTAAGAAGAAGA 593

738 AAAAGGAAGGCAAGAACAGGGAGAAGATGCTGGATTAAAGAGGCCACCT 787  
||||| | ||||| | ||||| | ||||| | ||||| | |||||  
594 AAAAGGAAGGCAAGAACAGGGAGAAGATGCTGGATTAAAGATGTCACC. 642

788 TTTGTGGACAAGGAAAAGGACATCAGCAAGCAGGATCAGTTAACTATTAC 837  
||||| | | ||||| | ||||| | ||||| | ||||| | |||||  
643 ..TGTGGAACATAAAAGGACATCAGCAAACAGGGATCAGTTAACTATTGC 690

838 ATTTATACCTACTGTAGGCTTTATTCAACAGTTATCTGTAGCTTAAGT 887  
||||| | | ||||| | ||||| | ||||| | ||||| | |||||  
691 ATTTATATGTACCGTAGGCTTGTATTCAAAAATTATCTATAGC.TAAGT 739

888 ACATGATAGGCAAAACAAAGAGAAAAGAAATGTTTGTAAGTAGCATT 937  
||| | | ||||| | ||||| | ||||| | ||||| | |||||  
740 ACACAATAAGCAAAACAAAAAGAAAAGAAA.ATTTTGTAAGTAGCGTTT 788

938 TTTTAATGTATACCATAGTACCACTAGG 965  
||| | | ||||| | ||||| | |||||  
789 TTAAATGTATACTATAGTACCACTAGG 816

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**FIGURE 5G**

P0207\_C03.seq (SEQ ID NO:13)

L13698: Human gas-1 gene, complete cds (SEQ ID NO:14)

Percent Similarity: 68.519 Percent Identity: 64.815

P0207\_C03.seq x L13698.seq

222 AGCCGGAAACGGANGAGCCNCGGCCACACGACCTTCTGCAGGCAGCCTTG 271  
||| . ||| : ||| : | ||| ||| ||| ||| ||| |||  
4 AGCCGGCACGGGGACAGGCCGGCGACAACG..GATCTGCAGGCAGGGAG 51

272 CACCAT 277  
||| |||  
52 CAAAAT 57

14 174

**FIGURE 5H**

P0214 A11.seq (SEQ ID NO:15)

U52101 Human YMP mRNA, complete cds (SEQ ID NO:16)

Percent Similarity: 90.299 Percent Identity: 90.299

P0214\_A11.seq x U52101.seq

179	GCAGCCATGTCACTCCTCCTGGTGGTCTCTGCCCTCACATCCTCAT	228
44	GCAGCCATGTCACTCCTCTGGTGGTCTCAGCCCTCACATCCTCAT	93
229	TCTTGTCTTGCTTTCGTGGCCACTCTGGACAAGTCCTGGTGGACTCTCC	278
94	TCTTATACTGCTTTCGTGGCCACTTGACAAGTCCTGGTGGACTCTCC	143
279	CAGAGAAGGAGTCCCTGAACCTGTGGTATGACTG	312
144	CTGGGAAAGAGTCCCTGAATCTCTGGTACGACTG	177

**FIGURES 5I-1 - 5I-5**

M60921: Rat PC3 NGF-inducible anti-proliferative putative secreted protein  
 (SEQ ID NO:17)  
 U72649: Human BTG2 (BTG2) mRNA, complete cds (SEQ ID NO:18)

Percent Similarity: 82.724 Percent Identity: 82.724

M60921.seq x U72649.seq

```

61 CGGTATGAGCCACGGGAAGAGAACCGACATGCTCCGGAGATGCCGCCG 110
||| | | | | | | | | | | | | | | | | | | | | | | | | | | |
68 CGACATGAGCCACGGGAAGGGAACCGACATGCTCCGGAGATGCCGCCG 117

111 CCGTAGGTTCCCTCACCAAGTCTCCTGAGGACTCGGGCTGCGTGAGCGAG 160
||| | | | | | | | | | | | | | | | | | | | | | | | | | | |
118 CCGTGGGCTTCCTCTCCAGCCTCGAGGACCCGGGCTGCGTGAGCGAG 167

161 CAGAGACTCAAGGTTTCAGTAGGGCGCTCCAGGACCCACTGACCGATCA 210
||| | | | | | | | | | | | | | | | | | | | | | | | | | |
168 CAGAGGCTTAAGGTCTTCAGCGGGCGCTCCAGGAGGCCTCACAGAGCA 217

211 TTACAAACACCCTGGTTCCAGAAAAGCCATCCAAGGGCTCCGGCTATC 260
||| | | | | | | | | | | | | | | | | | | | | | | | | | |
218 CTACAAACACCCTGGTTCCCGAAAAGCCGCTCAAGGGCTCCGGCTACC 267

261 GCTGTATCCGCATCAACCACAAGATGGACCCATCATCAGCAAGGTGGCC 310
||| | | | | | | | | | | | | | | | | | | | | | | | | |
268 GCTGCATTCGCATCAACCACAAGATGGACCCATCATCAGCAGGGTGGCC 317

311 AGCCAGATCGGACTCAGCCAGCCCCAGCTGCACCAGCTCTGCCAGCGA 360
||| | | | | | | | | | | | | | | | | | | | | | | | |
318 AGCCAGATCGGACTCAGCCAGCCCCAGCTGCACCAGCTGCTGCCAGCGA 367

361 GCTGACCCCTGTGGGTCGATCCCTACGAAGTGTCTACCGCATGGGAAG 410
||| | | | | | | | | | | | | | | | | | | | | | | | |
368 GCTGACCCCTGTGGGTCGACCCCTATGAGGTGTCTACCGCATGGGAGG 417

411 ATGGATCCATCTCGGTGCTGTATGAGGAGGGCCGGTGGCCACCTCCTAC 460
| | | | | | | | | | | | | | | | | | | | | | | | |
418 ACGGCTCCATCTCGGTCTGTACGAGGAGGGCCCACTGGCCGCTCCTGT 467

461 GGGCTCCTCACCTGCAAGAACAGATGATGCTGGCAGGAGCAGTCCATC 510
| | | | | | | | | | | | | | | | | | | | | | | | |
468 GGGCTCCTCACCTGCAAGAACAGATGCTGGCAGGAGGAGGAGCAGCCCCTC 517

511 GAAGAACTACGTGATGACTGTCTCAGCTAGAGAGGGAGCCGCCGCCCCT 560
| | | | | | | | | | | | | | | | | | | | | | | | |
518 CAAGAACTACGTGATGGCAGTCTCAGCTAGGCCCTCCGCCCGCCCT 567

```

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1164 TTCCCGGCTAGAATCT..ATCTAAACGTTTGGAGGG..... 1200  
1171 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1181 TTTCCAGCAGGAATCTAAAGCTTGGGTTTCTGAGGGGGGAGGGAGGG 1240  
1201 ...TGGCTATAAGGCAGATATAATGGAGGGGAA..CCGCACAAACCTT 1245  
1211 III  
1241 AACTGGAGGTATTGGGTTAGGATGGAAGGAACTCTGCACAAACCTT 1290  
1246 TGCTTTGCTCTGCTGCTTGTATGGATGGATGGTTAATAACTTAGGGA 1295  
1251 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1291 TGCTTTGCT.AGTGCTGCTTGTGTATGTGTGGCAAATAATTGGGGG 1339  
1294 TGATTTGCAATGGAATTTGGGACCCAAAGAGTATCCAATGGGGTGGGT 1345  
1301 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1347 TGATTTGCAATGAAATTTGGGACCCAAAGAGTATCCACTGGGATG... 1386  
1348 STTTTGACCTAACGCCCTCCTTGGAACCCACGTGACAGTCTGAATGCT 1395  
1351 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1387 TTTTTGACCTAACCTCTTCCTTGGAACCCACATGAAAGTCTGATGCT 1436  
1391 GCTACCATTATTCTTGAGAGGGTGGCTC.AAAGCTCCAGGGAACTCCAG 1444  
1401 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1437 GCTGCACTGATCCCTTGGAGAGGGTGGCTAAAAGCTACAGGGAACTCCAG 1486  
1445 CTCTTTTACTGCCTTCTCTTCAAGAGCA.ACCTCCCCCAT....TTC 1489  
1451 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1487 GTCCTTTTACTGCCTTCTTTCAAAAGCACAACCTCTCCCTCTAACCCCTC 1536  
1490 TTTTCCCTTTCTGC.GGTTGGGTCTGGAG.GGCCCATTTCTAGG 1537  
1491 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1537 CCCTCCCCCTTCCCTCTGGTCGGTCATAGAGCTACCGTATTCTAGG 1586  
1538 ACAAGAGTTCTCAATCACTGTGCAATA.....GTCCCAGGAAGCT 1577  
1541 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1587 ACAAGAGTTCTCAGTCACTGTGCAATATGCCCTGGTCCCAGGAGGGT 1636  
1578 CTGG.....AACTGGGCCTCCAGCCCTCCTGATTCTGGTGGTTTA 1622  
1581 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1637 CTGGAGGAAACTGG..CTATCAGAACCTCCTGATGCCCTGGTGGCTTA 1684  
1623 GGACCCCGCTTCCCCGTTCTC.....TGACTGGCTGGTGGCCT 1663  
1625 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1685 GGGAACCATCTCTCCTGCTCTCCTGGGATGATGGCTGGCTAGTCAGCCT 1734  
1664 TGAGGAGATCTCCCTGGCCGCA...GGGAGGGCACCTGTGCACTGCAGG 1710  
1671 ..IIIIIIIIIIIIIIIIIIIIIIIIIIIIII  
1735 T..GCATGTATTCTGGCTGAATGGGAGAGTGC.CCCATGTTCTGCAAG 1781  
1711 ACTACCTGGTACTCCTGTGGGCTGCCAC....GGAGAGCCAAACCTTAG 1756  
1715 ..IIIIIIIIIIIIIIIIIIIIIIIIIIII  
1782 ACTACTTCTGTTCTGTAGGGCCGACACTAAATAAGCCAAACCTTGG 1831

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1757 GCATAGCTTGTCTCCTCGGTGCTCAGAGCACCTGCAGGGGAGGTTGC. 1805  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
1832 GCACTGTTTCTCCCTGGTGCTCAGAGCACCTG.TGGGAAAGGTTGCT 1880  
1806 ..CCCCCTCAGTAAAAATCAAATTATTGTAGATGTGTGCAATATTTA 1853  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
1881 GTCTGTCTCAGT.ACAATCAAATT. GTCGTAGACTTGTGCAATATATA 1928  
1854 CTGTTCTGGTTGGAGAAAATCGGGAA...ACACTGGGAAGAAGTGGCCT 1900  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
1929 CTGTTGTGGTTGGAGAAAAGTGGAAAGCTACACTGGGAAGAAACTCCCT 1978  
1901 TCCTTCAGGT..TCAGTGACACTGATGAGGGCTCTCAGAAGGCCTCGAG 1948  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
1979 TCCTTCATTTCTCAGTGACATTGATGAGGGGTCCTCAAAAGACCTCGAG 2028  
1949 TCTCTCAAACC.....AAAGGACAGAGCTAGAG..... 1976  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2029 TTTCCCACCGAATCACCTTAAGAAGGCAGGGCTAGGGCATTGGCCA 2078  
1977 .....CCAGGCCAGTCACCCCTAGTGAGGA..... 2000  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2079 GGATGGCCACCCCTCCTGCTGTTGCCCTTAGTGAGGAATCTCACCCAC 2128  
2001 .TCCCCTCCCCATGTCTCTCCACTGCCGTGGCA.TCCCCTGTGCTGGAT 2048  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2129 TTCCCTCTACCCCCAGGTTCTCCTCCCCACAGCCAGTCCCTTCTGGAT 2178  
2049 TTCTCAATTCTCAGTTCTACTCAAAGGTGCTACTTACCAACACTCTG 2098  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2179 TTCTAAACTGCTCAATTGACTCAAAGGTGCTATTACCAACACTCTC 2228  
2099 C.....CCGTCGGCTCTCCC.....CAGCTTCGCACA..... 2126  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2229 CCTACCCATTCCCTGCCAGCTCTGCCTCCTTCAACTCTCACATTGT 2278  
2127 ...GCCGTCCCAG.GTGGCTTC..GTCTCTCTGCTTAAAGTTAACCTT 2170  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2229 ATTGCCTTCCCAGACCTGCTCCAGTCTTATTGCTTAAAGTTCACTTT 2328  
2171 GGGCCCACAGACCCGAGAGC.....TGTGGGTTGAAGCAAAG 2207  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2329 GGGCCCACAGACCCAAAGAGGCTAATTCTGGTTGTGGGTTGAAACAAAG 2378  
2208 CTGTGAATCGCTCCAGATGGTCCCTGTGTTCT.....TGTCCACACAC 2249  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2379 CTGTGAATCACTGCAG.....GCTGTGTTCTGCATCTGTCTGCAAAC 2422  
2250 AGGTCCCCGCCTTTAGAAGCAGCCTCTGGTCTCATGCTTAAATCTGT 2299  
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  
2423 AGGTCCCTGCCTTTAGAAGCAGCCTCATGGTCTCATGCTTAAATCTGT 2472

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2300 TCCTCACTGCC.....GTGTTCACTTTAGAAATGGCAGAACACAC 2340  
2473 ..CTCTCTTCTCTTCTTATGATGTTCACTTTAAAAACAACAAAACCCCT 2520  
2341 GAGCTGGACTGTTGAGCAGGCCTGTCTCTCATTAATAGAAATA.... 2386  
2521 GAGCTGGACTGTTGAGCAGGCCTGTCTCTCCTATTAGTAAAAATAAATA 2570  
2387 ....AGTAAGTTGTAAGCTATTCCGACAGAAGAGACAAAGGTTACTGA 2431  
2571 GTAGTAGTATGTTGTAAGCTATTCTGACAGAAAAGACAAAGGTTACTAA 2620  
2432 TTGTACAATAGCGCTTTATATGGAAGACTGTACAGCTTATGGACAAAT 2481  
2621 TTGTATGATAGTGTGTTATATGGAAGAATGTACAGC.TTATGGACAAAT 2669  
2482 GTAAAACTTT.TGTTTTAATAAAAATGTAGCAG 2516  
2670 GTACACCTTTGTTACTTTAATAAAAATGTAGTAG 2705

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**FIGURE 5J**

P0219\_H09.seq (SEQ ID NO:19)

L36034: Human pre-B cell stimulating factor homologue (SDF1a)  
(SEQ ID NO:20)

Percent Similarity: 88.559 Percent Identity: 88.136

P0219\_H09.seq x L36034.seq

27	CCTCCGGCGGCCCTCCGCCAACGCCATGGACGCCAAGGTCGTGCCGT	76
53		
53	CCCCCGCCCGCCGCCGCCGCCATGAACGCCAAGGTCGTGGTCGT	102
77	GCTGGCCCTGGTGCTGGCCGCGCTCTGCATCAGTGACGGTAAGCCAGTCA	126
103		
103	GCTGGTCCCTGGTGCTGACCGCGCTCTGCCTCAGCGACGGGAAGCCCGTCA	152
127	GCCTGACCTACAGATGCCCTGCCGATTCTCGAGAGCCATGTCGCCAGA	176
153		
153	GCCTGAGCTACAGATGCCCATGCCGATTCTCGAAAGCCATGTTGCCAGA	202
177	NCCAACGTCAAACATCTGAAAATCCTCAACACTCCAAACTGTGCCCTTCA	226
203		
203	GCCAACGTCAAAGCATCTCAAAATTCTCAACACTCCAAACTGTGCCCTTCA	252
227	GATTGTTGCAAAGCTGAAAAGCAACAACAGACAAGT	262
253		
253	GATTGTACCCGGCTGAAGAACAAACAGACAAGT	288

**FIGURES 5K-1 - 5K-2**

J05122: Rat peripheral-type benzodiazepine receptor (PKBS) mRNA  
(SEQ ID NO:21)

M36035: Human peripheral benzodiazepine receptor (hpbs) (SEQ ID NO:22)

Percent Similarity: 74.613 Percent Identity: 74.485

J05122.seq x M36035.seq

5	GATTTCCAGAACAGCAGTTGCAATCACTATGTCTCAATCCTGGTACC	54
11		
32	GAGCTCCCTGAACAGCAGCTGCAGCAGCATGGCCCCGCCCTGGTGCC	81
55	CGCCGTGGCCTCACTCTGGTCCCCAGCCTGGGGGCTTCATGGGAGCCT	104
111		
82	CGCCATGGGCTTCACGCTGGCGCCCAGCCTGGGTGCTCGTGGCTCCC	131
105	ACTTTGTGCGTGGTGAGGGCCTCCGCTGGTATGCTAGCTTGAGAAACCC	154
11111		
132	GCTTTGTCCACGGCGAGGGTCTCCGCTGGTACGCCGGCTGCAGAAGCCC	181
155	TCCTGGCATCCGCCCTCGCTGGACACTCGCTCCCATCTGGGCACACTGTA	204
11		
182	TCGTGGCACCCGCCCACTGGGTGCTGGGCCCTGTCTGGGCACGCTCTA	231
205	TTCGGCCATGGGTATGGCTCTACATAATCTGGAAAGAGCTGGGAGGTT	254
11		
232	CTCAGCCATGGGTACGGCTCTACCTGGTCTGGAAAGAGCTGGGAGGCT	281
255	TCACAGAGGAGGCTATGGTCCCTGGTCTCTACACTGGTCAGCTGGCT	304
111		
282	TCACAGAGAAGGCTGTGGTCCCTGGCCTCTACACTGGCAGCTGGCC	331
305	CTGAACCTGGCATGGCCCCCATCTTCTTGGTGCCCGCAGATGGGCTG	354
111		
332	CTGAACCTGGCATGGCCCCCATCTTCTTGGTGCCGACAAATGGGCTG	381
355	GGCTTGGTGGACCTCATGCTTGTCAAGTGGGGTGGCAACCGCCACTACCC	404
111		
382	GGCCTTGGTGGATCTCTGCTGGTCAAGTGGGGGGCGNGCCACTACCG	431
405	TGGCTGGCACCGAGTGAGCCCACCGGCTGGCCGTTGCTGTATCCTTAC	454
111		
432	TGGCCTGGTACCCAGGTGAGCCCCTGGCCGCCCTGCTCTACCCCTAC	481
455	CTGGCCTGGCTGGCCTTGCCACCATGCTCAACTACTATGTATGGCGTGA	504
111		
481	CTGGCCTGGCTGGCCTTCGCGACCACACTCAACTACTGCGTATGGCGGGGA	531

22174

505 TAACTCTGGTCGGCGAGGGGGCTCCGGCTCACAGAGTGAGGACACCTAG 554  
      ||||  |||  |||  ||||  ||||  ||||  ||||  ||||  ||  |  
532 CAACCATGGCTGGCATGGGGACGGCGGCTGCCAGAGTGAGTGCCCCGGCC 581  
  
555 CCATCAGGAATGCAGCCCTGCCAGC.....CAGGCATCATGGGTTG 595  
      |  |||  ||||  |||  ||  ||  ||  |||  
582 CACCAGGGACTGCAGCTGCACCAGCAGGTGCCATCACGCTTGTGATGTGG 631  
  
596 AGGTCACTCTGCTTCATGACCATTGGGCTGCTGGTCTACCTGGTCTTA 645  
      ||  ||  ||||  ||||  ||||  ||||  ||  ||  |||  |  
632 TGGCCGTACGCTTCATGACCACTGGGCTGCTAGTCTGTCAGGGCCTT 681  
  
646 GTCCAGGAAGCCACCAGTAGGTCAAGGTGGTCAGTGCTAACATCCCAGC 695  
      |  ||  |  ||  |||  ||||  ||  ||  ||  ||  ||  |  
682 GGCCCAGGGGTCAAGCAGAGCTTCAGAGGTTGCCACCTGAGCCCCCACC 731  
  
696 GGGGACAGTTGTACCTGCTTTCTGCACTGCTGCAGGCAGCTGGAG 745  
      ||||  |||  |  ||||  ||||  ||  ||  ||  ||  |||  
732 CGGGAGCAGTGTCTGTGCTTCTGCA.TGCTTAGAGCATGTTCTGGAA 780  
  
746 CATGGGGCCTTAAAGCTAAATAAAGTCTTAACTT 781  
      ||||  ||  ||||  ||||  ||  ||  |||  
781 CATGGAATTAAAGCTGAATAAAGTTTGACTT 816

**FIGURES 5L-1 - 5L-2**

J03627: Rat S-100 related protein mRNA (SEQ ID NO:23)  
 M38591: Homo sapiens cellular ligand of annexin II (p11) (SEQ ID NO:24)

Percent Similarity: 84.381 Percent Identity: 84.381

J03627.seq x M38591.seq

```

  3 GACTGCAGCGCCTCAGGGCCCAGGTTAACAGA.TTCTTCAAAATGCCA 51
  ||| ||| | | | | | | | | | | | | | | | | | | | | | | | | |
 71 GTCCGCCGCGCCTC...GCCAAGGCTTCAACGGACCACACCAAAATGCCA 117
  . .
 52 TCCCCAAATGGAGCATGCCATGGAAACCATGATGCTTACATTCACAGGTT 101
  ||| | | | | | | | | | | | | | | | | | | | | | | | | | | |
 118 TCTCAAATGGAACACGCCATGGAAACCATGATGTTACATTCACAAATT 167
  .
 102 TGCAGGGGAAAAAAACTACTTGACAAAGGAGGACCTGAGAGTGCTCATGG 151
  ||| | | | | | | | | | | | | | | | | | | | | | | | | | | |
 168 CGCTGGGGATAAAGGCTACTTAACAAAGGAGGACCTGAGAGTACTCATGG 217
  .
 152 AAAGGGAGTTCCCTGGGTTTTGGAAAATCAAAGGACCTCTGGCTGTG 201
  ||| | | | | | | | | | | | | | | | | | | | | | | | | | |
 218 AAAAGGAGTTCCCTGGATTGGAAAATCAAAGGACCTCTGGCTGTG 267
  .
 202 GACAAAATAATGAAAGACCTGGACCAGTGCCGAGATGGAAAAGTGGGCTT 251
  ||| | | | | | | | | | | | | | | | | | | | | | | | | |
 268 GACAAAATAATGAAGGACCTGGACCAGTGTAGAGATGGCAAAGTGGGCTT 317
  .
 252 CCAGAGCTTCTATCACTAGTGGGGGGCTCATCATTGCATGCAATGACT 301
  ||| | | | | | | | | | | | | | | | | | | | | | | | |
 318 CCAGAGCTTCTTCCCTAATTGCGGGCCTCACCATTCATGCAATGACT 367
  .
 302 ATTTTGTAGTACACATGAAGCAG.....AAGAAGTAGGCCAACTGGAGC 345
  ||| | | | | | | | | | | | | | | | | | | | | | | | |
 368 ATTTTGTAGTACACATGAAGCAGAAGGAAAGAAGTAGGCAGAAATGAG. 416
  .
 346 CCTGGTACCCACACCTTGATGCGTCCTCTCCATGGGTCAACTGAGGAA 395
  ||| | | | | | | | | | | | | | | | | | | | | | | |
 417 .CAGTCGCTCCTCCCTGATAAGAGTTGT.CCAAAGGGTCGCTTAAGGAA 464
  .
 396 TCTGCCCACTGCTTCC.....TGTGAGCAGATCAGGACC 430
  ||| | | | | | | | | | | | | | | | | | | | | | |
 465 TCTGCCCACTGCTTCCCATAGAAGGATTCATGAGCAGATCAGGACA 514
  .
 431 CTTAGGAAATGTCAAATAACATCCAACCTCCAATTGACAAGCAGAGAAA 480
  ||| | | | | | | | | | | | | | | | | | | | | | |
 515 CTTAGCAAATGAAAAATAAAATCTAACTCTCATTTGACAAGCAGAGAAA 564
  .
 481 GAAAAGTTAATCCAATGACAGAGGAGCTTCCAGTTTATATTGTTGCA 530
  ||| | | | | | | | | | | | | | | | | | | | | |
 565 GAAAAGTTA....AATACCAAGATAAGCTTGTATTGTTGCA 610
  .

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531 TCCGGTTGCCCTCAATAAAGAAAGTCTTTTTTAAGTTCC 572  
||||| ||||||||| ||||| ||| ||||| |||||  
611 TCCCCCTTGCCCTCAATAAATAAAG...TTCTTTTAGTTCC 649

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## **FIGURES 6A-1 - 6A-3**

X57352 1-8U CDS 238...639

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751 CCTCACACGCTTTCTACAATGGCATTCAATAAAGTGCACGTGTTCTGG 800  
||||||||||||||||||||||||||||||||||||||||||||||||||||  
570 CCTCACACGCTTTCTACAATGGCATTCAATAAAGTGCACGTGTTCTGG 619  
801 TGCTGCTG..... 808  
|  
620 TAAAAAAAAAAAAAAAGATCGGGCCGCC 655

201 CCAGTAACCGACC CGCCGCTGGCTTCGCTGGACACCATGAGTCACACTG 250  
1 .....GAATTGGCACGAGGCCTGGACACCATGAATCACACTG 39  
251 TCCAAACCTCTTCTCCTGTCAACAGTGGCCAGCCCCCAACTATGAG 300  
1 .....  
40 TCCAAACCTCTCCTGTCAACAGTGGCCAGCCCCCAACTATGAG 89  
301 ATGCTCAAGGAGGAGCACGAGGTGGCTGTGCTGGGGGGCCCCACAACCC 350  
1 .....  
90 ATGCTCAAGGAGGAGCACGAGGTGGCTGTGCTGGGGGCCACAAACCC 139  
351 TGCTCCCCGACGTCCACCGTGATCCACATCCGAGCGAGACCTCCGTGC 400  
1 .....  
140 TGCTCCCCGACGTCCACCGTGATCCACATCCGAGCGAGACCTCCGTGC 189  
401 CCGACCATGCGTCTGGTCCCTGTTAACACCCCTCTTCATGAACCCCTGC 450  
1 .....  
190 CCGACCATGCGTCTGGTCCCTGTTAACACCCCTCTTCATGAACCCCTGC 239  
451 TGCCCTGGGCTTCATAGCATTGCCCTACTCCGTGAAGTCTAGGGACAGGAA 500  
1 .....  
240 TGCCCTGGGCTTCATAGCATTGCCCTACTCCGTGAAGTCTAGGGACAGGAA 289  
501 GATGGTTGGCGACGTGACCGGGGCCAGGCCCTATGCCCTCACCGCCAAGT 550  
1 .....  
290 GATGGTTGGCGACGTGACCGGGGCCAGGCCCTATGCCCTCACCGCCAAGT 339  
551 GCCTGAACATCTGGGCCCTGATTCTGGGATCCTCATGACCATTCTGCTC 600  
1 .....  
340 GCCTGAACATCTGGGCCCTGATTCTGGGATCCTCATGACCATTCTGCTC 389  
601 ATCGTCATCCCAGTGTGATCTTCAGGCCATGGATAGATCAGGAGGCA 650  
1 .....  
390 ATCGTCATCCCAGTGTGATCTTCAGGCCATGGATAGATCAGGAGGCA 439  
651 TCACTGAGGCCAGGAGCTGCCATGACCTGTATCCCACGTACTCCAAC 700  
1 .....  
440 TCACTGAGGCCAGGAGCTGCCATGACCTGTATCCCACGTACTCCAAC 489  
701 TTCCATTCCCTGCCCTGCCCGGAGCCGAGTCCTGTATCAGCCCTTAT 750  
1 .....  
490 TTCCATTCCCTGCCCTGCCCGGAGCCGAGTCCTGTATCAGCCCTTAT 539

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751 CCTCACACCGCTTTCTACAATGGCATTCAATAAAGTGCACGTGTTCTGG 800  
540 CCTCACACCGCTTTCTACAATGGCATTCAATAAAGTGCACGTGTTCTGG 589  
801 TGCTGCTG..... 808  
590 TAAAAA.....AGATGCGGCCGC 619

**FIGURES 6B-1 - 6B-3**

X67698: Tissue specific mRNA, CDS 11...466

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1 ..... CGGATTCCGGATCGCTTCCTGGCAGC 27
      ||| | | | | | | | | | | | | | |
1 GAATTCCGGCACGAGTGGAACTTCGTTATCCGCGATCGCTTCCTGGCAGC 50
28 TACATTCCCTGCTCCTGGCGCTCAGCACCGCTGCCCAAGGCCGAACCGGTGC 77
      ||| | | | | | | | | | | | | | |
51 TACATTCCCTGCTCCTGGCGCTCAGCACCGCTGCCCAAGGCCGAACCGGTGC 100
78 AGTTCAAGGACTGCGGTCTGTGGATGGAGTTATAAAGGAAGTGAATGTG 127
      ||| | | | | | | | | | | | | | |
101 AGTTCAAGGACTGCGGTCTGTGGATGGAGTTATAAAGGAAGTGAATGTG 150
128 AGCCCCATGCCCCACCCAACCCTGCCAGCTGAGCAAAGGACAGTCTTACAG 177
      ||| | | | | | | | | | | | | | |
151 AGCCCCATGCCCCACCCAACCCTGCCAGCTGAGCAAAGGACAGTCTTACAG 200
178 CGTCAATGTCACTTACCAGCAATATTCAGTCTAAAAGCAGCAAGGCCG 227
      ||| | | | | | | | | | | | | | |
201 CGTCAGCGTCACTTACCAGCAATATTCAGTCTAAAAGCAGCAAGGCCG 250
228 TGGTGCATGGCATCCTGATGGCGTCCCAGTTCCCTTCCCATTCTGAG 277
      ||| | | | | | | | | | | | | | |
251 TGGTGCATGGCATCCTGATGGCGTCCCAGTTCCCTTCCCATTCTGAG 300
278 CCTGATGGTTGTAAGAGTGGAATTACTGCCCTTATCCAAAAGACAAGAC 327
      ||| | | | | | | | | | | | | |
301 CCTGATGGTTGTAAGAGTGGAATTACTGCCCTTATCCAAAAGACAAGAC 350
328 CTATAGCTACCTGAATAAACTACCAGTGAAAAAGCGATCCCTTATAA 377
      ||| | | | | | | | | | | | | |
351 CTATAGCTACCTGAATAAACTACCAGTGAAAAAGCGATCCCTTATAA 400
378 AACTGGTGGTGGAGTGGCAACTTCAGGTGACAAAAACCAAAAGTCTCT 427
      ||| | | | | | | | | | | | |
401 AACTGGTGGTGGAGTGGCAACTTCAGGTGACAAAAACCAAAAGTCTCT 450
428 TGCTGGAAATCCCAGTACAGATCGTTCTCATCTCTTAAGTGGCCTCATTG 477
      ||| | | | | | | | | | | | |
451 TGCTGGAAATCCCAGTACAGATCGTTCTCATCTCTTAAGTGGCCTCATTG 500
478 AGTCGGTGCATCTGGCAATGAGTCTGGAGCTC 527
      ||| | | | | | | | | | | |
501 AGTCGGTGCATCTGGCAATGAGTCTGGAGCTC 550
528 CAGCTCTGCTGCTCAACACAGTGATTGCTC 577
      ||| | | | | | | | | | | |
551 CAGCTCTGCTGCTCAACACAGTGATTGCTC 600
578 ATTCGTTGAAGAGGAGGTGCTTGAGAATGAGCTCGGGGGC 627
      ||| | | | | | | | | | | |
601 ATTCGTTGAAGAGGAGGTGCTTGAGAATGAGCTCGGGGGC 650

```

626 GGTTCAGTGGTTGTCATGTCCTTTCTGCTTAGGTGGTTCAT 677  
 ||||| ||||||| ||||| ||||| ||||| ||||| |||||  
 651 GGTTCAGTGGTTGTCATGTCCTTTCTGCTTAGGTGGTTCAT 700  
 ||||| ||||||| ||||| ||||| ||||| |||||  
 678 TAATGCAGCACTTGCTTAGCAGATGTTAATTTTTTTAACACAT 727  
 ||||| ||||||| ||||| ||||| ||||| |||||  
 701 TAATGCAGCACTTGCTAAAAAAAGATCTTAA 750  
 |||||  
 728 TAACTTGTGGCCTCTTCTACACCTGGAAATTACTCTTGAATAAAA 777  
 |||||  
 751 TTAA..... 754

| ..... CGGATTCCGGATGCCTTCCTGGCAGCTACATT 33  
 ||| | ||||| ||||| ||||| ||||| |||||  
 | CAATTGGCACCGAGTCGTTATCCCGGATGCCTTCCTGGCAGCTACATT 50  
 ||| | ||||| ||||| ||||| ||||| |||||  
 54 CCTGCTCTGGCCTCAGCACCGCTGCCAGGCCAACCGGTGCAGTTCA 83  
 ||| | ||||| ||||| ||||| ||||| |||||  
 51 CCTGCTCTGGCCTCAGCACCGCTGCCAGGCCAACCGGTGCAGTTCA 100  
 ||| | ||||| ||||| ||||| |||||  
 64 AGGACTGGGTTCTGGATGGAGTTATAAAGGAAGTGAATGTGAGCCA 133  
 ||| | ||||| ||||| ||||| ||||| |||||  
 101 AGGACTGGGTTCTGGATGGAGTTATAAAGGAAGTGAATGTGAGCCA 150  
 ||| | ||||| ||||| ||||| |||||  
 134 TGCCCCACCAACCCGCCAGCTGAGCAAAGGACAGTCTTACAGCGTCAA 183  
 ||| | ||||| ||||| ||||| ||||| |||||  
 151 TGCCCCACCAACCCGCCAGCTGAGCAAAGGACAGTCTTACAGCGTCAA 200  
 ||| | ||||| ||||| ||||| |||||  
 184 TCTCACCTCACCAAGCAATATTCACTAAAGCAGCAAGGCCGTGGTGC 233  
 ||| | ||||| ||||| ||||| ||||| |||||  
 201 TCTCACCTCACCAAGCAATATTCACTAAAGCAGCAAGGCCGTGGTGC 250  
 ||| | ||||| ||||| ||||| |||||  
 234 ATGGCATCCTGATGGCGTCCCAGTTCCCTTCCCATTCTGAGCCTGAT 283  
 ||| | ||||| ||||| ||||| ||||| |||||  
 251 ATGGCATCCTGATGGCGTCCCAGTTCCCTTCCCATTCTGAGCCTGAT 300  
 ||| | ||||| ||||| ||||| |||||  
 284 GGTTGTAAGAGTGGAAATTAACTGCCCTATCCAAAAGACAAGACCTATAG 333  
 ||| | ||||| ||||| ||||| ||||| |||||  
 301 GGTTGTAAGAGTGGAAATTAACTGCCCTATCCAAAAGACAAGACCTATAG 350  
 ||| | ||||| ||||| ||||| |||||  
 334 CTACCTGAATAAACTACCAGTGAAAAGCGAATATCCCTCTATAAAACTGG 383  
 ||| | ||||| ||||| ||||| ||||| |||||  
 351 CTACCTGAATAAACTACCAGTGAAAAGCGAATATCCCTCTATAAAACTGG 400  
 ||| | ||||| ||||| ||||| |||||  
 384 TGGTGGAGTGGCAACTTCAGGATGACAAAACCAAAGTCTCTTCTGCTGG 433  
 ||| | ||||| ||||| ||||| ||||| |||||  
 401 TGGTGGAGTGGCAACTTCAGGATGACAAAACCAAAGTCTCTTCTGCTGG 450  
 ||| | ||||| ||||| ||||| |||||  
 434 GAAATCCCAGTACAGATCGTTCTCATCTCTAAGTGCCTCATTGAGTCG 483  
 ||| | ||||| ||||| ||||| ||||| |||||  
 451 GAAATCCCAGTACAGATCGTTCTCATCTCTAAGTGCCTCATTGAGTCG 500

484 GTGCATCTGGCCAATGAGTCTGCTGAGACTCTGACAGCACCTCCAGCTC 533  
||||||||||||||||||||||||||||||||||||||||||||||||  
501 GTGCATCTGGCCAATGAGTCTGCTGAGACTCTGACAGCACCTCCAGCTC 550

534 TGCTGCTTCAACAAACAGTGACTTGCTCTCCAATGGTATCCAGTGATTG 583  
||||||||||||||||||||||||||||||||||||||||  
551 TGCTGCTTCAACAAACAGTGACTTGCTCTCCAATGGTATCCAGTGATTG 600

584 TGAAGAGGAGGTGCTCTGTAGCAGAAACTGAGCTCCGGTGGCTGGTTCT 633  
||||||||||||||||||||||||||||||||||||||||  
601 TGAAGAGGAGGTGCTCTGTAGCAGAAACTGAGCTCCGGTGGCTGGTTCT 650

634 CAGTGGTTGTCATGTCTCTTTCTGTCTTAGGTGGTTCATTAATG 683  
||||||||||||||||||||||||||||||||||||  
651 CAGTGGTTGTCATGTCTCTTTCTGTCTTAGGTGGTTCATTAATG 700

684 CAGCACTTGGTTAGCAGATGTTAATTTTTTTAACAACATTAACCT 733  
||||||||||||||||||||||||||||||||  
701 CAGCACTTGGTTAGCAGATGTTAA. TTTTTTTTTAACAACATTAACCT 749

734 GTGGCCTCTTCTACACCTGGAAATTACTCTTGAATAAATAAAACTCG 783  
||||||||||||||||||||||||||||||||  
750 GTGGCCTCTTCTACACCTGGAAATTACTCTTGAATAAATAAAACTCG 799

784 TTTGTCTTGTAAAAAAAAAAAAA..... 808  
||||||||| |||||||||  
800 TTTGTCTTGTCTGCAAAAAAAAAAAAAGATCTTAATTAA 848

**FIGURES 6C-1 - 6C-3**

U52101 YMP, CDS 50..541

1 ..... CCGACTCCA 9  
 1 GAATTGGCACGAGGCCGGAGGCCCGAGCGAGGGACAAGACTCCGACTCCA 50  
 10 GCTCTGACTTTTTCGGGCTCTGGCTTCACTGCAGCCATGTCACTCC 59  
 51 GCTCTGACTTTTTCGGGCTCTGGCTTCACTGCAGCCATGTCACTCC 100  
 60 TCTTGCTGGTGGTCTCAGCCCTCACATCCTCATTCTTATACTGCTTTTC 109  
 101 TCTTGCTGGTGGTCTCAGCCCTCACATCCTCATTCTTATACTGCTTTTC 150  
 110 GTGGCCACTTGGACAAGTCCTGGACTCTCCCTGGAAAGAGTC CCT 159  
 151 GTGGCCACTTGGACAAGTCCTGGACTCTCCCTGGAAAGAGTC CCT 200  
 160 GAATCTCTGGTACGACTGCACGTGGAACAAACGACACCAAAACATGGCCT 209  
 201 GAATCTCTGGTACGACTGCACGTGGAACAAACGACACCAAAACATGGCCT 250  
 210 GCAGTAATGTCAGCGAGAATGGCTGGCTGAAGGCGGTGCAGGTCCCTCATG 259  
 251 GCAGTAATGTCAGCGAGAATGGCTGGCTGAAGGCGGTGCAGGTCCCTCATG 300  
 260 GTGCTCTCCCTCATTCTCTGCTGTCTCTCCCTCATCCTGTTCATGTTCCA 309  
 301 GTGCTCTCCCTCATTCTCTGCTGTCTCTCCCTCATCCTGTTCATGTTCCA 350  
 310 GCTCTACACCATGCACGAGGAGGTCTCTTATGCCACCGGCCTCTGCC 359  
 351 GCTCTACACCATGCACGAGGAGGTCTCTTATGCCACCGGCCTCTGCC 400  
 360 AGCTTGACCAAGCGTGGCGGTGTTACTGGCGCCTTGATCTATGCCATT 409  
 401 AGCTTGACCAAGCGTGGCGGTGTTACTGGCGCCTTGATCTATGCCATT 450  
 410 CACGCCGAGGAGATCTGGAGAAGCACCCCGAGGGGGCAGCTTCGGATA 459  
 451 CACGCCGAGGAGATCTGGAGAAGCACCCCGAGGGGGCAGCTTCGGATA 500  
 460 CTGCTTCGCCCTGGCTGGGTGGCCTTCCCCCTGCCCTGGTCAGCGGCA 509  
 501 CTGCTTCGCCCTGGCTGGGTGGCCTTCCCCCTGCCCTGGTCAGCGGCA 550  
 510 TCATCTACATCCACCTACGGAAGCGGGAGTGAGCGCCGCCCTCGCTCGG 559  
 551 TCATCTACATCCACCTACGGAAGCGGGAGTGAGCGCCCCGCCCTCGCTCGG 600  
 560 CTGCCCCCGCCCCCTTCCGGGCCCCCTGCCGCGGTCCCTCCAAAAATA 600  
 601 CTGCCCCCGCCCCCTTCCGGGCCCCCTGCCGCGGTCCCTCCAAAAATA 650

1 ..... CCGACTCCAGCTCTGACTTTTCG 25  
 1 GAATTGGCACGAGGGGACAAGACTCCGACTCCAGCTCTGACTTTTCG 50  
 26 CGGCTCTCGGCTTCACTGCAGCCATGTCACTCCTTGCTGGTGGTCTC 75  
 51 CGGCTCTCGGCTTCACTGCAGCCATGTCACTCCTTGCTGGTGGTCTC 100  
 76 AGCCCTTCACATCCTCATTCTTAATACTGCTTTGCCACTTGGACA 125  
 101 AGCCCTTCACATCCTCATTCTTAATACTGCTTTGCCACTTGGACA 150  
 126 AGTCCTGGTGGACTCTCCCTGGAAAGAGTCCCTGAATCTCTGGTACGAC 175  
 151 AGTCCTGGTGGACTCTCCCTGGAAAGAGTCCCTGAATCTCTGGTACGAC 200  
 176 TGCACGTGGAACAACGACACAAAACATGGGCTCAGTAATGTCAGCGA 225  
 201 TGCACGTGGAACAACGACACAAAACATGGGCTCAGTAATGTCAGCGA 250  
 226 GAATGGCTGGCTGAAGGCGGTGCAGGTCCTCATGGTGCTCCCCTCATTC 275  
 251 GAATGGCTGGCTGAAGGCGGTGCAGGTCCTCATGGTGCTCCCCTCATTC 300  
 276 TCTGCTGTCTCTCCCTTCATCCTGTTCATGTCCAGCTCTACACCATGCGA 325  
 301 TCTGCTGTCTCTCCCTTCATCCTGTTCATGTCCAGCTCTACACCATGCGA 350  
 326 CGAGGAGGTCTCTTCTATGCCACCCGGCCTGCCAGCTTGCACCACGCG 375  
 351 CGAGGAGGTCTCTTCTATGCCACCCGGCCTGCCAGCTTGCACCACGCG 400  
 376 GGCGGTGTTTACTGGCGCTTGATCTATGCCATTCAGCCGAGGAGATCC 425  
 401 GGCGGTGTTTACTGGCGCTTGATCTATGCCATTCAGCCGAGGAGATCC 450  
 426 TGGAG.AGCACCCCGGAGGGGGCAGCTTCGATACTGCTTCGCCCTGGCC 474  
 451 TGGAGAAGCACCCCGGAGGGGGCAGCTTCGATACTGCTTCGCCCTGGCC 500  
 475 TGGGTGGCCCTCCCCCTCGCCCTGGTCAGCGGCATCATCTACATCCACCT 524  
 501 TGGGTGGCCCTCCCCCTCGCCCTGGTCAGCGGCATCATCTACATCCACCT 550  
 525 ACGGAAGCGGGAGTGAGCGCCCGCCTCGCTCGGTCCCCCCGCCCTTCC 574  
 551 ACGGAAGCGGGAGTGAGCGCCCGCCTCGCTCGGTCCCCCCGCCCTTCC 600  
 575 CGGGCCCCCT.GCCCGCGTCCTC..... 599  
 601 CCGGCCCCCTCGCCCGCGTCCTCAAAAAAATAAACCTTAACCGCGGG 650

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## L36034: SDF1a, CDS 80...349

1 .....TCTCCGTCA~~G~~CCGCATTGCCCGCTCGGCGTCCGGCCCCCG 40  
 1 AAGCTT~~G~~ACGAGGGTCAGCCGCATTGCCCGCTCGGCGTCCGGCCCCCG 50  
 41 ACCCGT~~G~~TCCGTCCGCCGCCGCCGCCGCCGCCATGAACGCCAA 90  
 51 ACCCGC~~G~~GTCCGTCCGCCGCCGCCGCCGCCGCCATGAACGCCAA 100  
 91 GGT~~C~~GTGGT~~C~~GTGCTGGT~~C~~TCGTGCTGACC~~G~~CGCT~~T~~GCCTCAGCGACG 140  
 101 GGT~~C~~GTGGT~~C~~GTGCTGGT~~C~~TCGTGCTGACC~~G~~CGCT~~T~~GCCTCAGCGACG 150  
 141 GGAAGCCC~~G~~TCAGCCTGAGCTACAGATGCCCATGCCGATTCTCGAAAGC 190  
 151 GGAAGCCC~~G~~TCAGCCTGAGCTACAGATGCCCATGCCGATTCTCGAAAGC 200  
 191 CATGTTGCCAGAGCCAACGTCAAGCATCTCAAAATTCTAACACTCCAAA 240  
 201 CATGTTGCCAGAGCCAACGTCAAGCATCTCAAAATTCTAACACTCCAAA 250  
 241 CTGTGCCCTTCAGATTGTAGCCGGCTGAAGAACAAACAGACAAGTGT 290  
 251 CTGTGCCCTTCAGATTGTAGCCGGCTGAAGAACAAACAGACAAGTGT 300  
 291 GCATTGACCCGAAGCTAAAGTGGATT~~C~~AGGAGTAC~~T~~GGAGAAAGCTTA 340  
 301 GCATTGACCCGAAGCTAAAGTGGATT~~C~~AGGAGTAC~~T~~GGAGAAAGCTTA 350  
 341 AACAAAGTAAGCACAA~~C~~AGCCAAAAGGACTTCCGCTAGACCCACTCGAG 390  
 351 AACAAAGTAAGCACAA~~C~~AGCCAAAAGGACTTCCGCTAGACCCACTCGAG 400  
 391 GAAA~~A~~CTAAAAC~~C~~TTGTGAGAGATGAAAGGGCAAAGACGTGGGGAGGGG 440  
 401 GAAA~~A~~CTAAAAC~~C~~TTGTGAGAGATGAAAGGGCAAAGACGTGGGGAGGGG 450  
 441 GCCTTAACCATGAGGACCAGGTGTGTGTGGGTGGGCACATTGATCTG 490  
 451 GCCTTAACCATGAGGACCAGGTGTGTGTGGGTGGGCACATTGATCTG 500  
 491 GGATCGGGCCTGAGGTTGCAGCATTAGACCC~~T~~GCATTATAGCATA~~C~~G 540  
 501 GGATCGGGCCTGAGGTTT..... 518

**FIGURES 6D-1- 6D-3**

M36035: Peripheral benzodiazepine receptor, CDS 62..571

```

1 ..... AGTGCCCTCCCGGAGCGTGCCTCGCCGCTGAGCT 36
      ||| | | | | | | | | | | | | | | | | | | | |
1 TCGAGGCCAAGAATT CGGCACGAGCCGGAGCGTGCCTCGCCGCTGAGCT 50
      ||| | | | | | | | | | | | | | | | | | | | |
37 CCCCTGAACAGCAGCTGCAGCAGCCATGCCCGCCCTGGGTGCCGCCA 86
      ||| | | | | | | | | | | | | | | | | | | | |
51 CCCCTGAACAGCAGCTGCAGCAGCCATGCCCGCCCTGGGTGCCGCCA 100
      . . . . .
87 TGGGCTTCACGCTGGCGCCAGCCTGGGTGCTCGTGGGCTCCGCTTT 136
      ||| | | | | | | | | | | | | | | | | | | | |
101 TGGGCTTCACGCTGGCGCCAGCCTGGGTGCTCGTGGGCTCCGCTTT 150
      . . . . .
137 GTCCACGGCGAGGGTCTCCGCTGGTACGCCGGCCTGCAGAACGCCCTCGTG 186
      ||| | | | | | | | | | | | | | | | | | | | |
151 GTCCACGGCGAGGGTCTCCGCTGGTACGCCGGCCTGCAGAACGCCCTCGTG 200
      . . . . .
187 GCACCCGCCCACTGGGTGCTGGGCCCTGTCTGGGCACGCTACTCAG 236
      ||| | | | | | | | | | | | | | | | | | | | |
201 GCACCCGCCCACTGGGTGCTGGGCCCTGTCTGGGCACGCTACTCAG 250
      . . . . .
237 CCATGGGTACGGCTCCTACCTGGTCTGGAAAGAGCTGGGAGGCTTCACA 286
      ||| | | | | | | | | | | | | | | | | | | |
251 CCATGGGTACGGCTCCTACCTGGTCTGGAAAGAGCTGGGAGGCTTCACA 300
      . . . . .
287 GAGAAGGCTGTGGTCCCCCTGGCCTCTACACTGGCAGCTGGCCCTGAA 336
      ||| | | | | | | | | | | | | | | | | | |
301 GAGAAGGCTGTGGTCCCCCTGGCCTCTACACTGGCAGCTGGCCCTGAA 350
      . . . . .
337 CTGGGCATGGCCCCCATCTTCTTGGTGCCTGGACAAATGGGCTGGCCT 386
      ||| | | | | | | | | | | | | | | | | | |
351 CTGGGCATGGCCCCCATCTTCTTGGTGCCTGGACAAATGGGCTGGCCT 400
      . . . . .
387 TGGTGGATCTCCTGCTGGTCAGTGGGCGGCGNGCCACTACCGTGGCC 436
      ||| | | | | | | | | | | | | | | | | |
401 TGGTGGATCTCCTGCTGGTCAGTGGGCGGCGAGCCACTACCGTGGCC 450
      . . . . .
437 TGGTACCAAGGTGAGCCCGCTGGCGCCGCTGCTCTACCCCTACCTGGC 486
      ||| | | | | | | | | | | | | | | | | |
451 TGGTACCAAGGTGAGCCCGCTGGCGCCGCTGCTCTACCCCTACCTGGC 500
      . . . . .
487 CTGGCTGGCTTCGCGACCACACTCAACTACTGCGTATGGCGGGACAACC 536
      ||| | | | | | | | | | | | | | | | | |
501 CTGGCTGGCTTCGCGACCACACTCAACTACTGCGTATGGCGGGACAACC 550
      . . . . .
537 ATGGCTGGCATGGGGACGGCGCTGCCAGAGTGAGTGCCCGGCCACCA 586
      ||| | | | | | | | | | | | | | | | | |
551 ATGGCTGGCTGGGGACGGCGCTGCCAGAGTGAGTGGGGCCCGGCCACCA 600
      . . . . .
587 GGGACTGCAGCTGCACCAAGCAGGTGCCATCACGCTTGTGATGTGGTGGCC 636
      ||| | | | | | | | | | | | | | | | |
601 GGGACTGCAGCTGCACCAAGCAGGTGCCATCACGCTTGTGATGTGGTGGCC 650
      . . . . .

```

637 GTCACGCTTTCATGACCCTGGGCCTGCTAGTCTGTCAAGGGCCTTGGCCC 686  
 ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 651 GTCACGCTTTCATGACCCTGGGCCTGCTAGTCTGTCAAGGGCCTTGGCCC 700  
 ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 667 AGGGGTcAGCAGAGCTTCAGAGGTTGCCACCTGAGCCCCCACCGGGA 736  
 ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 701 AGGGGTcAGCAGAGCTTCAGAGGTTGCCACCTGAGCCCCCACCGGGA 750  
 ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 737 GCAGTGTCTGTGCTTCTGCATGCTTAGAGCATGTTCTTGGAACATGGA 786  
 ||||| ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 751 GCAGTGTCTGTGCTTCTGCATGCTTAGAGCATGTTCTTGGAACATGGA 800  
 . . . . .  
 787 ATTTTATAAGCTGAATAAAAGTTTGACTTCCTT 821  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 801 ATTTTATAAGCTGAATAAAAGTTTGACTTCCTTAAAAAAAAAAAAAAA 850

1 .....AGTGCCCTTCCGGAGCCTGCCCTGCCGCTGAGC 35  
 ||| ||| ||||| ||||| ||||| ||||| |||||  
 1 CTCGAGGCCAAGAATTGGCACGAGCCGGAGCGTGCCCTGCCGCTGAGC 50  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 36 TCCCCTGAACAGCAGCTGCAGCAGCCATGGCCCCGCCCTGGGTGCCGCC 85  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 51 TCCCCTGAACAGCAGCTGCAGCAGCCATGGCCCCGCCCTGGGTGCCGCC 100  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 86 ATGGGCTTACGCTGGGCCAGCCTGGGTGCTTCGTGGGCTCCGCTT 135  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 101 ATGGGCTTACGCTGGGCCAGCCTGGGTGCTTCGTGGGCTCCGCTT 150  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 136 TGTCCACGGCGAGGGTCTCGCTGGTACGCCGGCTGCAGAAGCCCTCGT 185  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 151 TGTCCACGGCGAGGGTCTCGCTGGTACGCCGGCTGCAGAAGCCCTCGT 200  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 186 GGCACCCGCCCACTGGGTGCTGGCCCTGTCTGGGCACGCTCTACTCA 235  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 201 GGCACCCGCCCACTGGGTGCTGGCCCTGTCTGGGCACGCTCTACTCA 250  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 236 GCCATGGGTACGGCTCCTACCTGGTCTGGAAAGAGCTGGGAGGCTTCAC 285  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 251 GCCATGGGTACGGCTCCTACCTGGTCTGGAAAGAGCTGGGAGGCTTCAC 300  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 286 AGAGAAGGCTGTGGTCCCCCTGGGCCTACACTGGCAGCTGGCCCTGA 335  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 301 AGAGAAGGCTGTGGTCCCCCTGGGCCTACACTGGCAGCTGGCCCTGA 350  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 336 ACTGGCATGGCCCCCATCTTCTTGGTGCCTGACAAATGGGCTGGGCC 385  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 351 ACTGGCATGGCCCCCATCTTCTTGGTGCCTGACAAATGGGCTGGGCC 400  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 386 TTGGTGGATCTCTGCTGGTCAGTGGGGGGCGGNGCCACTACCGTGGC 435  
 ||||| ||||| ||||| ||||| ||||| ||||| |||||  
 401 TTGGTGGATCTCTGCTGGTCAGTGGGGGGCGGAGCCACTACCGTGGC 450

436 CTGGTACCAAGGTGAGCCCGCTGGCCGCCCTGCTCTACCCCTACCTGG 485  
|||||  
451 CTGGTACCAAGGTGAGCCCGCTGGCCGCCCTGCTCTACCCCTACCTGG 500  
|||||  
486 CCTGGCTGGCCTTCGCGACCACACTCAACTACTGCGTATGGCGGGACAAC 535  
|||||  
501 CCTGGCTGGCCTTCGCGACCACACTCAACTACTGCGTATGGCGGGACAAC 550  
|||||  
536 CATGGCTGGCATGGGGACGGCGGCTGCCAGAGTGAGTGCCCGGCCCACC 585  
|||||  
551 CATGGCTGGCATGGGGACGGCGGCTGCCAGAGTGAGTGCCCGGCCCACC 600  
|||||  
586 AGGGACTGCAGCTGCACCAGCAGGTGCCATCACGCTTGTGATGTGGTGGC 635  
|||||  
601 AGGGACTGCAGCTGCACCAGCAGGTGCCATCACGCTTGTGATGTGGTGGC 650  
|||||  
636 CGTCACGCTTCATGACCACTGGGCTGCTAGTCTGTCAGGGCCTTGGCC 685  
|||||  
651 CGTCACGCTTCATGACCACTGGGCTGCTAGTCTGTCAGGGCCTTGGCC 700  
|||||  
686 CAGGGGTCAGCAGAGCTTCAGAGGTTGCCAACCTGAGCCCCACCCGGG 735  
|||||  
701 CAGGGGTCAGCAGAGCTTCAGAGGTTGCCAACCTGAGCCCCACCCGGG 750  
|||||  
736 AGCAGTGTCTGTGCTTCTGCATGCTTAGAGCATGTTCTGGAACATGG 785  
|||||  
751 AGCAGTGTCTGTGCTTCTGCATGCTTAGAGCATGTTCTGGAACATGG 800  
|||||  
786 AATTTTATAAGCTGAATAAAGTTTGACTTCCTT..... 821  
|||||  
801 AATTTTATAAGCTGAATAAAGTTTGACTTCCTTAAAAAAAAAAAAAA 850

## **FIGURES 6E1 - 6E-3**

M38591: cellular ligand of annexin II (p11), CDS 112...405

1 . . . . . AGAATACACTCACAAGCCACTCCGCTGCTCGCTCTCCG . . . C 40  
1 AATTAAATACGACTCACTATAGGAATTGGCCCTCGAGGCCAAGAACATTG 50  
41 CCCGCGTCCAGCTCGCCCAGCTGCCAGCGTCCGCCGCCCTC . GCCAA 89  
1 GGCACGAGGAGCTGCCAGCTGCCAGCGTCCGCCGCCCTCGGCCAA 100  
90 GGCTTCAACGGACCACACCAAAATGCCATCTCAAATGGAACACGCCATGG 139  
101 GGCTTCAACGGACCACACCAAAATGCCATCTCAAATGGAACACGCCATGG 150  
140 AAACCATGATGTTACATTCACAAATTGCTGGGATAAAGGCTACTTA 189  
151 AAACCATGATGTTACATTCACAAATTGCTGGGATAAAGGCTACTTA 200  
190 ACAAAAGGAGGACCTGAGAGTACTCATGGAAAAGGAGTTCCCTGGATT 239  
201 ACAAAAGGAGGACCTGAGAGTACTCATGGAAAAGGAGTTCCCTGGATT 250  
240 GGAAAATCAAAAAGACCCTCTGGCTGTGGACAAAATAATGAAGGACCTGG 289  
251 GGAAAATCAAAAAGACCCTCTGGCTGTGGACAAAATAATGAAGGACCTGG 300  
290 ACCAGTGTAGAGATGGCAAAGTGGCTTCCAGAGCTTCTTCCCTAATT 339  
301 ACCAGTGTAGAGATGGCAAAGTGGCTTCCAGAGCTTCTTCCCTAATT 350  
340 GCGGGCCTCACCATTCATGCAATGACTATTTGTAGTACACATGAAGCA 389  
351 GCGGGCCTCACCATTCATGCAATGACTATTTGTAGTACACATGAAGCA 400  
390 GAAGGGAAAGAAGTAGGCAGAAATGAGCAGTTCGCTCCTCCCTGATAAGA 439  
401 GAAGGGAAAGAAGTAGGCAGAAATGAGCAGTTCGCTCCTCCCTGATAAGA 450  
440 GTGTG.CCAAAGGGTCGTTAAGGAATCTGCCAACAGCTCCCCATAG 488  
451 CTTGTCCCAAAGGGTCGTTAAGGAATCTGCCAACAGCTCCCCATAG 500  
489 AAGGATTCATGAGCAGATCAGGACACTTAGCAAATGTAAAAATAAAATC 538  
501 AAGGATTCATGAGCAGATCAGGACACTTAGCAAATGTAAAAATAAAATC 550  
539 TAACTCTCATTTGACAAGCAGAGAAAGAAAAGTTAAATACCAAGATAAGCT 588  
551 TAACTCTCATTTGACAAGCAGAGAAAGAAAAGTTAAATACCAAGATAAGCT 600  
589 TTGATTTGTATTGTTGCATCCCTGCCCTCAATAAAATAAGTTCT 638  
601 TTGATTTGTATTGTTGCATCCCTGCCCTCAATAAAATAAGTTCT 650

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1 ..... AGAATACACTCACAGGCCACTCCGCTGCTCGCCTCTCCG 39  
1 TAATACGACTCACTATAGGAATTGGCCCTCGAGGCCAAGAACCGCA 50  
40 CGCCCGCGTCCAGCTCGCCCAGCTCGCCAGCGTCCGCCGCC .GCCA 88  
1 CGAGGCAGCTCGCCCAGCTCGCCAGCGTCCGCCGCCCTCGGCCA 100  
89 AGGCTTCAACGGACCACACCAAATGCCATCTCAAATGGAACACGCCATG 138  
101 AGGCTTCAACGGACCACACCAAATGCCATCTCAAATGGAACACGCCATG 150  
139 GAAACCATGATGTTACATTCACAAATTGCTGGGATAAAGGCTACTT 188  
151 GAAACCATGATGTTACATTCACAAATTGCTGGGATAAAGGCTACTT 200  
189 AACAAAGGAGGACCTGAGAGTACTCATGGAAAAGGAGTTCCTGGATT 238  
201 AACAAAGGAGGACCTGAGAGTACTCATGGAAAAGGAGTTCCTGGATT 250  
239 TGGAAAATCAAAAGACCCCTGGCTGTGGACAAAATAATGAAGGACCTG 288  
251 TGGAAAATCAAAAGACCCCTGGCTGTGGACAAAATAATGAAGGACCTG 300  
289 GACCAGTGTAGAGATGGCAAAGTGGCTTCCAGAGCTTCTTCCCTAAT 338  
301 GACCAGTGTAGAGATGGCAAAGTGGCTTCCAGAGCTTCTTCCCTAAT 350  
339 TGCAGGCCTCACCATGCAATGACTATTTGTTAGTACACATGAAGC 388  
351 TGCAGGCCTCACCATGCAATGACTATTTGTTAGTACACATGAAGC 400  
389 AGAAGGGAAAGAAGTAGGCAGAAATGAGCAGTTCGCTCCCTGATAAG 438  
401 AGAAGGGAAAGAAGTAGGCAGAAATGAGCAGTTCGCTCCCTGATAAG 450  
439 AGTTGT.CCAAAGGGTCGCTTAAGGAATCTGCCACAGCTCCCCATA 487  
451 AGTTGTCCAAAGGGTCGCTTAAGGAATCTGCCACAGCTCCCCATA 500  
486 GAAGGATTCATGAGCAGATCAGGACACTTAGCAAATGTAAAAATAAAAT 537  
501 GAAGGATTCATGAGCAGATCAGGACACTTAGCAAATGTAAAAATAAAAT 550  
538 CTAACCTCTCATTTGACAAGCAGAGAAAGAAAAGTTAAATACCAAGATAAGC 587  
551 CTAACCTCTCATTTGACAAGCAGAGAAAGAAAAGTTAAATACCAAGATAAGC 600

39 / 74

588 TTTTGATTTTGATTTGCATCCCCTTGCCTCAATAAAAGTC 637  
||||| | ||||| | ||||| | ||||| | ||||| |  
601 TTTTGATTTTGATTTGCATCCCCTTGCCTCAATAAAAGTC 650  
|  
638 TTTTTAGTTCC..... 649  
||||| | | | |  
651 TTTTTAGTTCCAAAAAAAAAAAAAGATGCGGCCGCAAGCTTATT 700

**FIGURE 7A**

SEQ ID NO:25

X57352 Human 1-8U gene from interferon inducible gene family  
CDS 238...639

```
tgctcccttg ggctctagag aggaggcccc tcttagccct cagcccttcc ttccctctcta 60
tcttaaagta atttgcaccc caggaatttg ttccgccttc atctggcccg gccaaatccc 120
gattgacaa atgccaggaa aaggaaactg ttgagaaacc gaaactactg gggaaaggaa 180
gggctcactg agtaaccatc ccagtaaccc gaccgcgcgt ggtcttcgtc ggacaccatg 240
agtcaacactg tccaaacacctt cttctctcct gtcaacagtg gccagccccc caactatgag 300
atgctcaagg aggagcacga ggtggctgtg ctggggggc cccacaaccc tgctcccccg 360
acgtccaccg tcatccacat ccgcagcgag acctccgtgc ccgaccatgt cgtctggtcc 420
ctgttcaaca ccctcttcat gaaccctgc tgcctggct tcatacgatt cgcctactcc 480
gtgaagtcta gggacaggaa gatggttggc gacgtgaccg gggcccaggc ctatgcctcc 540
accgccaagt gcctgaacat ctggccctg attctggca tcctcatgac cattctgctc 600
atcgcatcc cagtgcgtat cttccaggcc tatggataga tcaggaggca tcactgaggc 660
caggagctct gcccatgacc tgtatccac gtactccaac ttccattcct cgccctgccc 720
ccggagccga gtccctgtatc agccctttat cctcacacgc ttttctacaa tggcattcaa 780
taaagtgcac gtgtttctgg tgctgctg 808
```

**FIGURE 7B**

SEQ ID NO:26

S75725 Human prostacyclin-stimulating factor  
CDS 23...871

```

accactasca ccgcaccccg ccatggagcgc gccgtcgctg cgcccccctgc tcctcgccgc 60
cactggatc ctacttcctgc tcctccccct ctctcttcc tcctttcgg acacacctgcgg 120
ccactgcdaq ccggccctct qccccccccct gc(ccccgcgtg gggtgcctgc tggggagac 180
ccgcgacgca tgccggctact qcctatgtg cgcccgccgc gagggcgagc cgtgcggggg 240
tggccggccac qccaaagggt actgcgcgcc gggcatggag tgcgtgaaga qccqcaagag 300
qccqaaggat aaacccgggg cagcaqccgg cggtccgggt gtaagcggcg tgtgcgtgtg 360
aaagagccct tacccatgt qccggcagcqa cggcaccacc tacccgagcg gctgcctagct 420
acgcacccccc aqccaaatgt qccagagccg cggggagaag gccatcaccc aggtcagcaa 480
gggcacctgc qccaaatgtc cttccatagt qacgcccccc aaggacatct ggaatgtcac 540
taatgtcccaq atatacttqa gctgtgaggt catcggaatc ccgacacctg tcctcatctg 600
qaacaaggta aaaagggtc actatggagt tcaaaggaca qaactcctgc ctggctgaccg 660
ggacaacctg gccattcaga cccggggtgcc cccagaaaag catgaagtaa ctggctgggt 720
gctggtatct cctctaagta aggaagatgc tggagaatat gagtgccatg catccaattc 780
ccaaggacag gcttcagcat cagaaaaat tacagtggtt gatgccttac atgaaatacc 840
atgtaaaaaaa ggtqaagggtg ccgagctata aacctccqa atattattag tctgcattgt 900
taaaaatgtt catggataac tacattacct gttcttgct aataagtttcc tttaatcca 960
atccactaac acttttagtta tattcactgg ttttacacag agaaatacaa aataaagatc 1020
acacatcaag actatctaca aaaatttatt atatatttac agaagaaaag catgcatac 1080
attnaaacaaa taaaatactt tttatcacaa aaaaaaaaaa aaaa 1124

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**FIGURES 7C-1 - 7C-2**

SEQ ID NO:27

D13665 Human osf-2  
 CDS 28...2367

```

aacagaactg caacggagag actcaagatg attcccttt taccatgtt ttctctacta 60
ttgctgctta ttgttaaccc tataaacgcc aacaatcatt atgacaagat cttggctcat 120
agtcttatca ggggtcgaaa ccaaggccc aatgtctgtg cccttcaaca gatTTgggc 180
accaaaaaaga aataacttcag cacttgtaag aactggata aaaagtccat ctgtggacag 240
aaaacgactg ttttatatga atgttgcctt gtttatatga gaatggaagg aatgaaaggc 300
tgcccagcag ttttgcctat tgaccatgtt tatggcactc tggcatcgt gggagccacc 360
acaacgcagc gctattctga cgccctaaaaa ctgagggagg agatcgaggg aaaggatcc 420
ttcacttact ttgcaccgag taatgaggct tggacaact tggattctga tatccgtaga 480
gtttggaga gcaacgtgaa tggtaatcca ctgaatgctt tacatagtca catgattaat 540
aagagaatgt tgaccaagga cttaaaaaat ggcatgatcca ttccttcaat gtataacaat 600
ttggggcttt tcattaaacca ttatcctaat ggggttgtca ctgttaattt tgctcgaatc 660
atccatggga accagattgc aacaaatggt gttgtccatg tcattgaccg tgtgcttaca 720
caaattggta cctcaattca agacttcattt gaagcagaag atgaccttcc atcttttaga 780
gcagctgcca tcacatcgga catattggag gcccttggaa gagacggtca cttcacactc 840
tttgctccca ccaatgaggc ttttgagaaa cttccacqag qtgtcctaga aaggttcatg 900
ggagacaaag tggcttccga agctctttag aagtaccaca tcttaatac tctccagtgt 960
tctgagtcta ttatggagg agcagtctt gagacgctgg aagggaaatac aattgagata 1020
ggatgtgacg gtgacagtat aacagtaaat ggaataaaaa tggtaacaa aaaggatatt 1080
gtgacaaata atgggtgtat ccatttgatt gatcaggtcc taattcctga ttctgccaat 1140
caagttattt agctggctgg aaaacagcaa accaccttca cggatctgt ggcccaatta 1200
ggcttggcat ctgctctgag gccagatgga gaatacactt tgctggcacc tgtgaataat 1260
gcattttctg atgataactt cagcatggtt cagcgcttcc ttaaattaat tctgcagaat 1320
cacatattga aagtaaaaat tggcttaat gagcttaca acgggcaaatac actggaaacc 1380
atcgaggcca aacagctcag agtcttcgta tattcgatcag ctgtctgcat tgaaaattca 1440
tgcatggaga aagggagtaa gcaagggaga aacggtgca ttcacatattt ccgcgagatc 1500
atcaagccag cagagaaatc cttccatgaa aagttaaaac aagataagcg cttagcacc 1560
ttcctcagcc tacttgaagc tgcagacttg aaagagctcc tgacacaacc tggagactgg 1620

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acattatttq tgccaaaccas tqatgctttt aaggaaatga ctgtgaaqa aaaagaaaatt 1680  
 ctgatacggg acaaaaatgc tcttc当地 acatattttt atcacctgac accaggagtt 1740  
 ttcatggaa aaggatttga acctgggttt astaacattt taaagaccas acaaggaags 1800  
 uaatctttc taaaagaagt aaatgataca ctctggtgaa atgaattgaa atcaaaaqaa 1860  
 ctgacatca tgacaacaaa tggtgtaatt catgttgtaq ataaactcct ctagccagca 1920  
 uacacacctg ttggaaatqa tcaactgctg gaaataactt ataaattaat caaatacatc 1980  
 caaattaagt ttgtcggtgg tagcacccctc aaagaaaatcc ccgtgactgt ctataagcca 2040  
 attattaaaa aatacaccaa aatcatgtat ggagtgcctg tggaaataac tggaaaaagag 2100  
 acacgagaag aacgaatcat tacaggtcct qaaataaaaat acactaggat ttctactgga 2160  
 ggtggagaaa cagaagaaac tctgaagaaa ttgttacaag aagaggtcas caaggtcacc 2220  
 aaattcatttq aaggtggtqa tggtcatttta tttqaagatq aagaaattaa aagactgctt 2280  
 caqggagaca caccctgtqag qaaattgcaa gccaaacaaa aagtcaagg ttctaaqaa 2340  
 cgattaaggq aaggtcgctc tcagtgaaaa tccaaaaacc aaaaaaaaaat gtttatacaa 2400  
 ccctaagtca ataacctgac cttagaaaaat tgtgagagcc aagtgtactt caggaactga 2460  
 aacatcagca caaaqaagca atcatcaaattt aattctgaac acaaattttt tattttttt 2520  
 tctgaatgag aaacatgagg gaaattgtgg agttagcctc ctgtggagtt agcctcctgt 2580  
 ggttaaggaa ttgaagaaaa tataacacct tacaccctt ttcatcttga cattaaaagt 2640  
 ctggctaac ttggaaatcc attagagaaa aatccttgc accagattca ttacaattca 2700  
 aatcgaagaq ttgtgaactg ttatcccatt qaaaagaccg agccttgtat gtatgttatg 2760  
 gatacataaa atgcacqcaa gccattatct ctccatggga agctaagtta taaaaatagg 2820  
 tgcttgggtt acaaaacttt ttatatcaaa aggcttgca catttctata tgagtgggtt 2880  
 tactggtaaa ttatgttatt ttatcaact aattttgtac tctcagaatg tttgtcatat 2940  
 acttcttgca atgcataattt ttatctca aacgtttcaa taaaaccatt tttcagatat 3000  
 aaagagaatt acttcaaattt gagtaattca gaaaaactca adatttaagt taaaaagtgg 3060  
 ttggacttg ggaacag 3077

**FIGURE 7D**

SEQ ID NO:28

X67698 Human tissue specific mRNA  
CDS 11...466

cggattccgg atgcgtttcc tggcagctac attcctgctc ctggcgctca gcaccgctgc	60
ccaggccgaa ccgggtgcagt tcaaggactg cggttctgtg gatggagtttaaaaggaagt	120
aatgtgagc ccatgccccca cccaaccctg ccagctgagc aaaggacagt cttacagcgt	180
caatgtcacc ttaccaggca atattcagtc taaaagcagc aaggccgtgg tgcatggcat	240
cctgatggc ctcccagttc cctttccat tcctgagcct gatggttgtaaagtgaaat	300
taactgccat atccaaaaag acaagaccta tagctacctg aataaactac cagtgaaaag	360
cgaatatccc tctataaaac tggtgttggatggcaactt caggatgaca aaaacccaaag	420
tctcttctac tggaaatcc cagtagat cgtttctcat ctctaaatgc ctcattgagt	480
tcggtgcatc tggccatda gtctgctgag actcttgaca gcacctccag ctctgctgct	540
tcaacaacag tggacttgctc tccaaatggta tccagtgatt cggtgaagag gaggtgctct	600
gtagcagaaa ctgagctccg ggtggctgg tctcagtggt tgtctcatgt ctcttttct	660
gtcttaggtg ctttcattaa atgcagcact tggtagcag atgttaatt tttttttta	720
acaacattaa ctgtggcct ctttctacac ctggaaattt actcttgaat aaataaaaac	780
tcgtttgtct tgaaaaaaaaaaaaaaa 808	

**FIGURE 7E**

SEQ ID NO:29

M62402 Human insulin-like growth factor binding protein 6  
CDS 54...776

```

atagatgtcat tgcgactgt ctggaaaggag aqgaacggggc acaaaccctg accatgaccc 60
cccaacaggct actaccaccq ctgctgtqc tactaqctct gctgctcgct gccagccccag 120
qaggcaccctt ggccgggtgc ccaggctqcg qacaagggt qcaggcgggt tgtccagggg 180
actgsgtgaa qgaggaggat ggggggtcgc cagccqaggg ctgcgcggaa gctgagggt 240
atctcaaggag qgaggggcaq gaatgcgggg tctacacccc taactgcgsc ccaggactgc 300
atgtccatcc gccaaggac qacqaggcgc ctttgcgggc gctgctgctc ggccgaggcc 360
actgcccggcc qgcccggcgc cctgctgttg caqaggagaa tcctaaggag agtaaaccct 420
aaccaggcac tgcccgccca caggatgtga accgcagaga ccaacagagg aatccaggca 480
cctctaccas accctcccag cccaaattctg cggtgtccca agacactqag atgggccccat 540
cccgtagaca tctggactca gtgctgcage aactccagac tgaggtctac cgaggggctc 600
aaacactcta cgtccccaaat tgtgaccatc gaggcttcta ccggaagcgg cagtgccgct 660
cctccccaggg qcaqcgccga ggtccctgct ggtgtgtggc tcggatggc aagtccctgc 720
cagggtctcc agatggcaat ggaagctct cctgccccac tggagtagc ggctaaagct 780
aagggataaa ggggctgcag ggccactggc aggaacatgg agctgtcata actcaacaaa 840
aaccggaggc cctcaatcca cttcaggcc ccgccccatg ggccctcac cgctgggtgg 900
aaadagtctt gatgttggt ggggtgtcaa taaagctgtq cttgggggtca aa 952

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**FIGURE 7F**

SEQ ID NO:30

D90226 Human OSF-1  
CDS 125...631

```
ggggagagca gcagcggccc aagcaggagc tgcagcgagc cgggtacctg gactcagcgg 60
tagcaaccc tc gccc ttgca acaaaggcag actgagcgcc agagaggacg tttccaactc 120
aaaaatgcag gctcaacagt accagcagca gcgtcgaaaa ttgcagctg ctttcttggc 180
attcatttc atactggcag ctgtggatac tgctgaagca gggaaagaag agaaaccaga 240
aaaaaaaaatg aagaagtctg actgtggaga atggcagtgg agtgtgtgtg tgcccaccag 300
tggagactgt gggctggca cacgggaggg cactcgact ggagctgagt gcaagcaaac 360
catgaagacc cagagatgta agatcccctg caactggaag aagcaatttgc ggcggagtg 420
caaataccag ttccaggcct ggggagaatg tgacctgaac acagccctga agaccagaac 480
tggaaagtctg aagcgagccc tgcacaatgc cgaatgccag aagactgtca ccatctccaa 540
gccctgtggc aaactgacca agcccaaacc tcaagcagaa tctaagaaga agaaaaagga 600
aggcaagaaa caggagaaga tgctggatta aaagatgtca cctgtggAAC ataaaaagga 660
catcagcaaa caggatcgt taactattgc atttatatgt accgtaggct ttgtattcaa 720
aaattatcta tagctaagta cacaataagc aaaaacaaaa agaaaagaaa atttttag 780
tagcgaaaa taaatgtata ctatagtacc agtagg 816
```

## FIGURES 7G-1 - 7G-2

SEQ ID NO:31

L13698 Human gas-1  
CDS 411..1448

agcagccggc acggggacaa<sup>g</sup> ccggccgcac aacggatct<sup>g</sup> cagacgcgga gaaaaatgca 60  
ccccggcgc cgcgcggtcc tgcagccccg ccacggcccs gggccccgca cccccccggg 120  
gcgacagt<sup>g</sup> a<sup>c</sup>ccctcccg ccaccacgg gggccgagcg gagggcttc gggtgggaga 180  
gttttggaccag atctcgacag ctgttcattt ccaggaagcc accgcagcca gagcgaaagg 240  
ggacacctctg ccaccagcg<sup>g</sup> ggc<sup>t</sup>atcagcc a<sup>g</sup>ccggcg<sup>c</sup> atggatttat gaagacactc 300  
atgc<sup>a</sup>agaag tgggcaggac ttggacaaac ttttccaccg gctccgcgtc cgccgctccc 360  
cgccacccgt ctcc<sup>t</sup>ttccs ctccctcccg ggccggccg<sup>c</sup> gctgc<sup>c</sup>ccgc<sup>g</sup> atggtgcccg 420  
cg<sup>t</sup>ctgctgg<sup>g</sup> cggcg<sup>c</sup>ccgc<sup>g</sup> gagggccgc<sup>g</sup> gggggacagt g<sup>c</sup>ccgggc<sup>c</sup> tggctgtgcc 480  
t<sup>g</sup>atggc<sup>c</sup>ct gctgcagct<sup>g</sup> ctgggctc<sup>gg</sup> c<sup>g</sup>ccgcgggg atcggggct<sup>g</sup> g<sup>c</sup>gcacggcc 540  
acccgcctcat ctgc<sup>t</sup>ggc<sup>ag</sup> gcgc<sup>t</sup>gctgc<sup>c</sup> agtgc<sup>c</sup>cagg<sup>g</sup> gga<sup>g</sup>ccggag tgcagctacg 600  
cc<sup>t</sup>tacaacca gtacg<sup>c</sup>ccg<sup>ag</sup> gcgtgc<sup>c</sup>gc<sup>c</sup> c<sup>g</sup>gtgctggc<sup>g</sup> g<sup>c</sup>agcacgg<sup>g</sup> gggggcgac<sup>g</sup> 660  
cgccccggggc c<sup>g</sup>ccgc<sup>c</sup>ccgc<sup>g</sup> gctt<sup>t</sup>cccg<sup>g</sup> c<sup>t</sup>tcggccgc<sup>c</sup> ctctttctcg t<sup>c</sup>gcgc<sup>t</sup>ggc<sup>g</sup> 720  
gctgccc<sup>g</sup>ag tcactgc<sup>t</sup>atc<sup>c</sup> t<sup>c</sup>ggccctca tt<sup>t</sup>cagctcaa ccacacgc<sup>c</sup> c<sup>g</sup>ccggccccc<sup>g</sup> 780  
t<sup>t</sup>ctggagga ctgtgact<sup>t</sup>gc<sup>c</sup> g<sup>c</sup>gcagg<sup>g</sup> agaact<sup>t</sup>gcaa gtcc<sup>t</sup>accaag c<sup>g</sup>cgccatt<sup>g</sup> 840  
t<sup>t</sup>cccg<sup>t</sup>gcct gccccgg<sup>g</sup>ac<sup>g</sup> agcggcg<sup>c</sup>gc<sup>g</sup> g<sup>c</sup>gcgggc<sup>g</sup> ccccg<sup>c</sup>gc<sup>g</sup> ggcgggg<sup>t</sup>ca<sup>g</sup> 900  
taggc<sup>t</sup>gcac<sup>c</sup> cgaggaccccg<sup>g</sup> cggcg<sup>t</sup>gc<sup>g</sup> accgc<sup>t</sup>gac<sup>g</sup> c<sup>c</sup>gctg<sup>t</sup>caac<sup>c</sup> ctggcg<sup>t</sup>g<sup>g</sup> 960  
t<sup>t</sup>ccgc<sup>t</sup>ac<sup>c</sup> t<sup>t</sup>ac<sup>t</sup>act<sup>t</sup>gc<sup>c</sup> ggcaaagtct<sup>t</sup> tcaacgggc<sup>t</sup> g<sup>c</sup>gc<sup>t</sup>gcac<sup>g</sup> gac<sup>t</sup>gaat<sup>t</sup>g<sup>c</sup> 1020  
gcaccgc<sup>t</sup>cat<sup>c</sup> tgaggacat<sup>g</sup> ctggctat<sup>gc</sup> ccaagg<sup>t</sup>ggc<sup>g</sup> g<sup>t</sup>ctg<sup>t</sup>caac<sup>c</sup> gact<sup>t</sup>gcgt<sup>t</sup>gt<sup>c</sup> 1080  
g<sup>c</sup>gacggc<sup>t</sup>ct<sup>c</sup> cgagcg<sup>g</sup>ccc<sup>g</sup> atctgc<sup>t</sup>g<sup>g</sup> c<sup>g</sup>gtcaagga<sup>g</sup> gaacat<sup>t</sup>g<sup>c</sup>cc<sup>t</sup>gt<sup>t</sup>gt<sup>c</sup> 1140  
tcggcgcc<sup>g</sup>a<sup>c</sup> g<sup>t</sup>ctgg<sup>t</sup>caac<sup>g</sup> g<sup>g</sup>ccccgg<sup>g</sup>ca<sup>g</sup> c<sup>g</sup>acgggc<sup>t</sup>tc<sup>g</sup> g<sup>g</sup>acgggggg<sup>g</sup> c<sup>t</sup>ggac<sup>t</sup>gact<sup>c</sup> 1200  
actac<sup>t</sup>gat<sup>g</sup> a<sup>g</sup>gactaccat<sup>c</sup> gac<sup>t</sup>gac<sup>t</sup>gc<sup>c</sup> g<sup>c</sup>accggggg<sup>g</sup> c<sup>g</sup>cgggt<sup>t</sup>q<sup>g</sup>t<sup>g</sup> g<sup>g</sup>ac<sup>t</sup>g<sup>c</sup>ccgc<sup>g</sup> 1260  
t<sup>t</sup>ggac<sup>t</sup>gac<sup>g</sup>a<sup>c</sup> c<sup>g</sup>acggc<sup>t</sup>tc<sup>g</sup> ccgcacccac<sup>c</sup> c<sup>g</sup>cgccgggg<sup>g</sup> c<sup>g</sup>acgggc<sup>t</sup>gt<sup>c</sup> g<sup>t</sup>ctgc<sup>t</sup>at<sup>c</sup>gg<sup>c</sup> 1320  
ac<sup>t</sup>adacc<sup>t</sup>g<sup>c</sup>g<sup>g</sup> q<sup>t</sup>gac<sup>t</sup>g<sup>c</sup>cc<sup>g</sup> tat<sup>t</sup>gggc<sup>t</sup>ct<sup>g</sup> g<sup>g</sup>gc<sup>t</sup>gagg<sup>g</sup> g<sup>g</sup>gc<sup>t</sup>g<sup>c</sup>gg<sup>g</sup> g<sup>g</sup>gcggcc<sup>t</sup>gt<sup>c</sup> 1380  
t<sup>t</sup>ggcc<sup>t</sup>acccca<sup>g</sup> q<sup>g</sup>gc<sup>t</sup>g<sup>c</sup>ct<sup>g</sup>g<sup>g</sup> accccact<sup>t</sup>g<sup>c</sup> c<sup>t</sup>tccat<sup>t</sup>tt<sup>c</sup> g<sup>t</sup>ctg<sup>t</sup>act<sup>t</sup>g<sup>c</sup> ctt<sup>t</sup>g<sup>t</sup>ggcc<sup>c</sup> 1440  
t<sup>t</sup>ttttagcc<sup>c</sup> ctgc<sup>t</sup>g<sup>c</sup>cc<sup>g</sup> ccgc<sup>t</sup>g<sup>c</sup>tt<sup>g</sup> ctgc<sup>t</sup>ggaga<sup>g</sup> g<sup>c</sup>ccgc<sup>t</sup>gt<sup>c</sup> c<sup>t</sup>act<sup>t</sup>cc<sup>t</sup>gt<sup>c</sup> 1500  
ct<sup>t</sup>tc<sup>t</sup>tc<sup>t</sup>g<sup>c</sup>a<sup>c</sup> c<sup>c</sup>ccac<sup>t</sup>cc<sup>g</sup> ac<sup>t</sup>ac<sup>t</sup>gt<sup>t</sup>g<sup>c</sup> g<sup>t</sup>ttgg<sup>t</sup>aca<sup>g</sup> gata<sup>t</sup>gaaagg<sup>g</sup> at<sup>t</sup>gtt<sup>t</sup>gggg<sup>c</sup> 1560

atacttccca aaacttttc caagtcaact tggtgttagcc ggttccccgg ccacgactct 1620  
gggcacttcc cctgaagctc ctctccggag cttgacttct tggacctcct ccccccggcc 1680  
aattccaagc tccagaaaact cccaaactcg tgcgggttcca gaaagcttagc tgcagtgttc 1740  
aggacgtccg ggaggaagca agcatgtggg ggacagaaca gtagtcctgg actcgaaagg 1800  
gaaggtgctg accagtgggg ccttagcaat ttgaagggtt gggaggagg aattatattt 1860  
gcaaaggggc tgtctattag catatttcct ttgagggggc aaaaaaaagt gccagtatcg 1920  
acttttacag attgtggcca gtgaggatat tataatccta tgtaaacaga aaagtcccac 1980  
ttaccgattc attcttcac tgtttgtatc tgcgccaga attctcagtg acgtgggggt 2040  
gagggtgggt ggcgattgsc ttagagggaa cccctaaatt ggtttggat aagtttgagc 2100  
ccttgacctt aatttcattt ctaccactct gatctcttag cacatttctt aggattaagg 2160  
gtccaaaaat gctgatctaa ggggttgcca tggtgttcaa caatgcaact ttttatttaa 2220  
aaaagctctg cactgcccattt tatgaaagtc tctttatgtat gtttgggggtt ttgtcatttt 2280  
tgttctttac atcaagaaat tttatgttta aatatgcgga gaatgtatata tgcctctgct 2340  
cctatcaggg ttgctaaacc ctggcacatc gtatataaaa tgtataaaaa ctggggtttg 2400  
ttaccagttt ctgtactttt tatatagaat ttttataaaat tgtatgcttc agaaataatt 2460  
tatttttaaa aagaaattaa aagttttaaa ctcacatcca tattacacct ttccccctg 2520  
aaatgtatag aatccatttt tcatcagggaa tcaaaaccca cagtcatttgc tgaagtgtgc 2580  
tatattttaga acagtctaa aatgtacagt gtattttata qaattqaagt taacattctt 2640  
attttcaaga gaattttatgg acgttgtaga aatgtacaaa tgcatttcca aactgcctta 2700  
aacgttgtat ttttataagac atgtttttt aaaaatccta agttttaaa taactatgga 2760  
tttgtgtatt tttttgggtt atttgtttta taaaacatg tacatcagta aagagttta 2820  
aacaatga 2828

**FIGURE 7H**

SEQ ID NO:32

U52101 Human YMP  
CDS 50..541

ccgactccag ctctgacttt tttcgcgact ctgcgttcc actgcagcca tgtcactct 60  
tttactggtg gtctcagccc ttcacatctt cattttata ctgttttcg tggccacttt 120  
ggacaagtcc tggtggactc tccctggaa aqagtccctg aatctcttgt acgactgcac 180  
gtggaacaac gacaccaaaa catgggcctg cagtaatgtc agcgagaatg gctggctgaa 240  
ggcggtagcag gtcctcatgg tgcctctccct cattctctgc tgtctctct tcatctgtt 300  
catattccag ctctacacca tgcgacgagg aggtctcttc tatgccaccg gcctctgcca 360  
gctttgcacc aggttggcgg tgtttactgg cgccattgatc tatgccattc acgcccggagga 420  
gatcttggag aagcacccgc gagggggcaq ttccggatas tgsttcgccc tggcctgggt 480  
gcccattcccc ctgcgcctgg tcagcgccat catctacatc cacctacgga agcgggagtg 540  
agcgccggcgc ctgcgtcgcc tgccccggcc cttccgggc cccctgccc cgctccctcc 600

**FIGURES 7I-1 - 7I-2**

SEQ ID NO:33

U72649 Human BTG2  
CDS 72...548

cagggttaacg	ctgtcttgtg	gaccgcact	tcccacccga	gacctctcac	tgagccccgag	60
ccgcgcgcga	catgagccac	ggaaaggaa	ccgacatgt	cccgagatc	gccgcccgcg	120
tgggcttcct	ctccagcctc	ctgaggaccc	ggggctgcgt	gagcgagcag	aggcttaagg	180
tcttcagcgg	ggcgctccag	gaggcactca	cagagcacta	caaacaccac	tggttcccg	240
aaaagccgtc	caagggctcc	ggctaccgct	gcattcgcat	caaccacaag	atggaccca	300
tcatcagcag	ggtggccagc	cagatcgac	tcagccagcc	ccagctgcac	cagctgctgc	360
ccagcgagct	gaccctgtgg	gtggacccct	atgaggtgtc	ctaccgcatt	ggggaggacg	420
gctccatctg	cgtcttgtac	gaggaggccc	cactggccgc	ctcctgtggg	ctcctcacct	480
gcaagaacca	agtgctgctg	ggccggagca	gcccctccaa	gaactacgtg	atggcagtct	540
ccagctaggc	cctccgccc	ccgcctggg	cgccgcccgt	ctcatgctgc	cgtgacaaca	600
ggccaccaca	tacctcaacc	tgggaaactg	tattttaaa	tgaagagcta	tttatata	660
ttatTTTTT	ttaagaaagg	aggaaaagaa	accaaaagtt	tttttaaga	aaaaaaatcc	720
ttcaagggag	ctgcttggaa	gtggcctccc	caggtgcctt	tggagagaac	tgtgcgtgc	780
ttgagtctgt	gagccagtgt	ctgcctata	gagggggagc	tgttaggggg	tagacctagc	840
caaggagaag	tgggagacgt	ttggctagca	ccccaggaag	atgtgagagg	gagcaagcaa	900
ggttagcaac	tgtgaacaga	gaggtcggga	tttgcctgg	gggaggaaga	gaggccaagt	960
tcagagctct	ctgtctcccc	cagccagaca	cctgcataccc	tggctcctct	attactcagg	1020
ggcattcatg	cctggactta	aacaatacta	tgttatctt	tcttttattt	ttctaattgag	1080
gtcctggca	gagagtgaaa	aggcctctcc	tgattcctac	tgtcctaagc	tgctttctt	1140
gaaatcatga	cttgtttcta	attctaccct	caggggcctg	tagatgttgc	tttccagcca	1200
gaaatctaaa	gcttgggtt	ttctgagggg	gggaggaggg	aactggaggt	tattgggtt	1260
aggatggaag	ggaactctgc	acaaaacctt	tgccttgcta	gtgctgcttt	gtgtgtatgt	1320
gtggcaaata	atttgggggt	gatttgcaat	gaaatttgg	gacccaaaga	gtatccactg	1380
gggatgttt	ttggccaaaa	ctcttcctt	tggaccaca	tgaaagtctt	gatgctgctg	1440
ccatgatccc	tttgagaggt	ggctcaaaag	ctacaggaa	ctccaggtcc	tttattactg	1500
ccttctttc	aaaagcacaa	ctctcctcta	accctccct	cccccttccc	ttctggtcgg	1560

atcataqaga tacccgtatctt tctaggacaa gagtttcag tcactgtgcataatgc ccccccc 1620  
 tgggtcccaq gaggggttcgg aggaaaactg ctatcgaa cctcctgatg ccctgggg 1680  
 cttagggaaac catctctctt ctcttccttq qgatgatggc tggctagtca accttgcattg 1740  
 ttatcttgg ctgaatggca qagtgc cccaa tgttctgc aa gactacttgg tattttgtt 1800  
 ggccgacac taaataaaaaa ccaaaccctt ggcactgtt tttctccctg gtactcagag 1860  
 uactgtggg aaagggttctt ctctgtctca gtacaatcca aatttgcgt aqacttgc 1920  
 uatataatact gttgtgggtt cgagaaaaat ggaaagctac actggaaqa aactcccttc 1980  
 ctcaatttc tca gatgacat tcatgagggg tcctaaaaaq acctcgagtt tcccaaaccg 2040  
 aatcacctta agaaggacaa ggcttagggca tttggccagg atggccaccc tcctgctgtt 2100  
 acccccttagt gaggaatctt caccccaactt cctctacccc cagtttctcc tccccacagc 2160  
 tagtccccctt tcctggatstt staaactgct caattttqac tcaaagggtgc tatttaccaa 2220  
 acactctccs taccatttc tggcagctct gcctcctttt caactctcca cattttgtat 2280  
 tacccttccca gacctgcttc cagttttat tgctttaaag ttcaactttgg qcccacagac 2340  
 ccaagagcta attttctgtt ttgtgggttg aaacaaaagct gtgaatcaact gcaggctgtg 2400  
 ttcttgcattc ttgtctgc aaaggtccct gccttttag aagcagcctc atggtctcat 2460  
 gcttaatctt gtctcttc tcttctttat gatgttcaact taaaaaaca caaaacccct 2520  
 qagctggact gttgagcagg cctgtcttc ctattaagta aaaataaata gtagtagtat 2580  
 qtttgtaagc tattctgaca qaaaagacaa aggttactaa ttgtatqata gtgttttat 2640  
 atggaaagaat qtacagctt tggacaaatg tacacccttt tggacttttta ataaaaatgt 2700  
 agtaaggataa aaaaaaa 2717

**FIGURES 7J-1 - 7J-2**

SEQ ID NO:34

L36034 Human pre-B cell stimulating factor homolog (SDF1a)  
CDS 80...349

tctccgtcag	ccgcattgcc	cgtcgccgt	ccggcccccg	acccgtgctc	gtccgcccgc	60
ccgccccggcc	gccccgcgcca	tgaacgccaa	ggtcgtggtc	gtgctggtcc	tcgtgctgac	120
cgcgctctgc	ctcagcgacg	ggaagcccg	cagcctgagc	tacagatgcc	catgccgatt	180
cttcgaaagc	catgttgcca	gagccaacgt	caagcatctc	aaaattctca	acactccaaa	240
ctgtgccctt	cagattgttag	cccggctgaa	gaacaacaac	agacaagtgt	gcattgaccc	300
gaagctaaag	tggattcagg	agtacctgga	gaaagcttta	aacaagttaag	cacaacagcc	360
aaaaaggact	ttccgctaga	cccactcgag	gaaaactaaa	accttgtgag	agatgaaagg	420
gcaaagacgt	gggggaggggg	gccttaacca	tgaggaccag	gtgtgtgtgt	ggggtgggca	480
cattgatctg	ggatcgggccc	tgaggtttgc	agcatttaga	ccctgcattt	atagcatacg	540
gtatgatatt	gcagcttata	ttcatccatg	ccctgtacct	gtgcacgttg	gaacttttat	600
tactggggtt	tttctaagaa	agaaattgtta	ttatcaacag	cattttcaag	cagtttagttc	660
cttcatgatc	atcacaaatca	tcatcattct	cattctcatt	ttttaaatca	acgagttactt	720
caagatctga	atttggcttg	tttggagcat	ctcctctgct	cccctgggg	gtctggcaca	780
agtcaggtgg	tggcttaaca	gggagctgga	aaaagtgtcc	tttcttcaga	cactgaggct	840
cccgcagcag	cgcgcctccc	aagaggaagg	cctctgtggc	actcagatac	cgactgggc	900
tggggcgccg	ccactgcctt	cacccctct	ttcaaaccctc	agtgattggc	tctgtggct	960
ccatgtagaa	gccactatta	ctggactgt	ctcagagacc	cctctcccag	ctattcctac	1020
tctctccccg	actccgagag	catgcttaat	cttgcttctg	cttctcattt	ctgttagcctg	1080
atcagcgccg	caccagccgg	gaagaggggtg	attgctgggg	ctcgtgccct	gcatccctct	1140
cctcccaggg	cctgccccac	agctcgccgc	ctctgtgaga	tccgtctttg	gcctcctcca	1200
gaatggagct	ggccctctcc	tggggatgtg	taatggtccc	cctgcttacc	cgcaaaagac	1260
aagtctttac	agaatcaaat	gcaattttaa	atctgagagc	tcgcttgagt	gactgggttt	1320
gtgattgcct	ctgaaggcta	tgtatgccat	ggaggcacta	acaaactctg	aggtttccga	1380
aatcagaagc	gaaaaaatca	gtgaataaac	catcatcttgc	ccactacccc	ctcctgaagc	1440
cacagcaggg	gttcaggttc	caatcagaac	tgttggcaag	gtgacatttc	catgcataga	1500
tgcgatccac	agaaggtcct	ggtggtattt	gtaactttt	gcaaggcatt	tttttatata	1560

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tatTTTGTG casatTTTT tttacgatTC tttagaaaaAC aaATGTATTT caaaATATA 1620  
ttataAGTCGA AcaAGTCATA tatATGAATG AGAGCCATAT gaATGTcAGT AGTTTATACT 1680  
tctctattat ctcAAACTAC tggcaatttq taaAGAAATA tatATGTAT ATAAATGTGA 1740  
tgcgtacATTt tcaatgttag ccacAGTGTa TTTTTCACT tGtactaaaA ttgttatcaaA 1800  
tgtdacatta tatGCACTAG caataAAATG ctaattgttt catggta 1847

**FIGURE 7K**

SEQ ID NO:35

M36035 Human peripheral benzodiazepine receptor  
CDS 62...571

```
agtgcccttc ccggagcgtg ccctcgccgc ttagctcccc tgaacagcag ctgcagcagc 60
catggccccc ccctgggtgc cgcgcattggg cttcacgctg ggcgcgcagcc tggggtgctt 120
cgtagggctcc cgctttgtcc acggcgaggg tctccgctgg tacgcggcc tgcagaagcc 180
ctcgtggcac cgcgcact gggtgctggg ccctgtctgg ggcacgctct actcagccat 240
ggggtaacggc tcctacactgg tctggaaaga gctgggaggc ttcacagaga aggctgtgg 300
tccccctgggc ctctacactg ggcagctggc cctgaactgg gcatggccccc ccatcttctt 360
tggtgcccgaa caaatgggtt gggccttggt ggatctcctg ctggtcagtg gggcggcggc 420
ngccactacc gtggcctggt accaggtgag cccgctggcc gcccgcctgc tctaccctta 480
cctggcctgg ctggccttcg cgaccacact caactactgc gtatggcggg acaaccatgg 540
ctggcatggg ggacggcggc tgccagagt agtgcggcgc ccaccaggga ctgcagctgc 600
accagcaggt gccatcacgc ttgtgtatgtg gtggccgtca cgctttcatg accactggc 660
ctgcttagtct gtcagggcct tggcccaggg gtcagcagag cttcagaggt tgccccac 720
gagcccccac ccgggagcag tgtcctgtgc tttctgcattt ctttagagcat gttcttgaa 780
catggaaatt tataagctga ataaagttt tgacttcctt t 821
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**FIGURE 7L**

SEQ ID NO:36

M38591 Homo sapiens cellular ligand of annexin II (p11)  
CDS 113...405

agaatacact	cacaagccas	tccgctgtc	gccttctccgc	ccccgcgtcca	gttcggcccag	60
ctcgccccagc	gtccgcccgg	cctcgccaaq	gcttcaacgg	accacaccaa	aatgccatct	120
caaatggAAC	acgcccattggA	aaccatgtatg	tttacatttc	acaaattcgc	tggggataaa	180
ggctacttaa	caaaggagga	cctgagagta	ctcatggaaa	aggagttccc	tggattttg	240
aaaaatcaaa	aagaccctct	ggctgtggac	aaaataatga	aggacctgga	ccagtgtaga	300
gatggcaaag	tgggcttcca	gagcttcttt	tccctaattg	cgggcctcac	cattqcatgc	360
aatgactatt	ttgttagtaca	catgaagcaq	aaggqaaaqa	agttaggcaqa	aatqagcq	420
tcgctccccc	ctgataagag	ttgtccaaag	ggtcgtttaa	ggaatctgcs	ccacagcttc	480
ccccatagaa	ggatttcatg	aqcagatcag	gacacttaqc	aaatgtaaaa	ataaaatcta	540
actctcattt	gacaaggaga	gaaagaaaag	ttaaatacca	gataagcttt	tgatTTTGT	600
attgtttgca	tccccttgc	ctcaataaaat	aaagttcttt	tttagttcc		649

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**FIGURE 8A**

SEQ ID NO:37

X57352 Human 1-8U gene from interferon inducible gene family  
CDS 238...639

10	20
Met Ser His Thr Val Gln Thr Phe Phe Ser Pro Val Asn Ser Gly Gln Pro Pro Asn Tyr	
	30
Glu Met Leu Lys Glu Glu His Glu Val Ala Val Leu Gly Gly Pro His Asn Pro Ala Pro	
	50
Pro Thr Ser: Thr Val Ile His Ile Arg Ser Glu Thr Ser Val Pro Asp His Val Val Trp	
	70
Ser Leu Phe Asn Thr Leu Phe Met Asn Pro Cys Cys Leu Gly Phe Ile Ala Phe Ala Tyr	
	90
Ser Val Lys ... Asn Asn Arg Lys Met Val Gly Asp Val Thr Gly Ala Gln Ala Tyr Ala	
	110
Ser Thr Asn Ile ... Leu Asn Ile Trp Ala Leu Ile Leu Gly Ile Leu Met Thr Ile Leu	
	130
Leu Ile Val Ile Phe Ile Leu Ile Phe Gln Ala Tyr Gly	133

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**FIGURE 8B**

SEQ ID NO:38

S75725 Human prostacyclin-stimulating factor  
CDS 23..871

**FIGURES 8C-1 - 8C-2**

**SEQ ID NO:40**  
**D13665 Human osf-2**  
**CDS 28...2367**

Met Ile Pro Phe Leu Pro Met Phe Ser	10	Leu Leu Leu Leu Ile Val Asn Pro Ile Asn	20
Ala Asn Asn His Tyr Asp Lys Ile Leu Ala His Ser Arg Ile Arg Gly Arg Asp Gln Gly	30		40
Pro Asn Val Cys Ala Leu Gln Gln Ile Leu Gly Thr Lys Lys Tyr Phe Ser Thr Cys	50		60
Lys Asn Trp Tyr Lys Ser Ile Cys Gly Gln Lys Thr Thr Val Leu Tyr Glu Cys Cys	70		80
Pro Gly Tyr Met Arg Met Glu Gly Met Lys Gly Cys Pro Ala Val Leu Pro Ile Asp His	90		100
Val Tyr Gly Thr Leu Gly Ile Val Gly Ala Thr Thr Gln Arg Tyr Ser Asp Ala Ser	110		120
Lys Leu Arg Glu Glu Ile Glu Gly Lys Gly Ser Phe Thr Tyr Phe Ala Pro Ser Asn Glu	130		140
Ala Trp Asp Asn Leu Asp Ser Asp Ile Arg Arg Gly Leu Glu Ser Asn Val Asn Val Glu	150		160
Leu Leu Asn Ala Leu His Ser His Met Ile Asn Lys Arg Met Leu Thr Lys Asp Leu Lys	170		180
Asn Gly Met Ile Ile Pro Ser Met Tyr Asn Asn Leu Gly Leu Phe Ile Asn His Tyr Pro	190		200
Asn Gly Val Val Thr Val Asn Cys Ala Arg Ile Ile His Gly Asn Gln Ile Ala Thr Asn	210		220
Gly Val Val His Val Ile Asp Arg Val Leu Thr Gln Ile Gly Thr Ser Ile Gin Asp Phe	230		240
Ile Glu Ala Glu Asp Asp Leu Ser Ser Phe Arg Ala Ala Ile Thr Ser Asp Ile Leu	250		260
Glu Ala Leu Gly Arg Asp Gly His Phe Thr Leu Phe Ala Pro Thr Asn Glu Ala Phe Glu	270		280
Lys Leu Pro Arg Gly Val Leu Glu Arg Phe Met Gly Asp Lys Val Ala Ser Glu Ala Leu	290		300
Met Lys Tyr His Ile Leu Asn Thr Leu Gln Cys Ser Glu Ser Ile Met Gly Gly Ala Val	310		320
Phe Glu Thr Leu Glu Gly Asn Thr Ile Glu Ile Gly Cys Asp Gly Asp Ser Ile Thr Val	330		340
Asn Gly Ile Lys Met Val Asn Lys Lys Asp Ile Val Thr Asn Asn Gly Val Ile His Leu	350		360
Ile Asp Gln Val Leu Ile Pro Asp Ser Ala Lys Gln Val Ile Glu Leu Ala Gly Lys Gln	370		380
Gln Thr Thr Phe Thr Asp Leu Val Ala Gln Leu Gly Leu Ala Ser Ala Leu Arg Pro Asp	390		400
Gly Glu Tyr Thr Leu Leu Ala Pro Val Asn Asn Ala Phe Ser Asp Asp Thr Leu Ser Met	410		420

430	440
Val Gln Arg Leu Ile Lys Ile Ile Gln Asn His Ile Leu Lys Val Gln Leu	
450	460
Asn Gln Leu Tyr Asn Gly Gln Ile Leu Glu Thr Ile Gly Gly Lys Gln Leu Arg Val Phe	
470	480
Ile Tyr Arg Thr Ala Val Lys Ile Gln Asn Ser Cys Met Glu Lys Gly Ser Lys Gln Gly	
490	500
Arg Asn Gly Ala Ile His Ile Phe Arg Glu Ile Ile Lys Pro Ala Gln Lys Ser Leu His	
510	520
Gln Lys Leu Lys Gln Asp Lys Arg Phe Ser Thr Phe Leu Ser Leu Leu Gln Ala Ala Asp	
530	540
Phe Lys Gln Leu Ile Thr Gln Pro Gly Asp Trp Thr Leu Phe Val Pro Thr Asn Asp Ala	
550	560
Phe Lys Gly Met Thr Ser Gln Gln Lys Glu Ile Leu Ile Arg Asp Lys Asn Ala Leu Gln	
570	580
Asn Ile Ile Leu Tyr His Ile Thr Pro Gly Val Phe Ile Gly Lys Gly Phe Glu Pro Gly	
590	600
Val Thr Asn Ile Leu Lys Thr Gln Gly Ser Lys Ile Phe Leu Lys Glu Val Asn Asp	
610	620
Thr Leu Leu Val Asn Gln Leu Lys Ser Gln Ser Asp Ile Met Thr Thr Asn Gly Val	
630	640
Ile His Val Val Asp Lys Leu Leu Tyr Pro Ala Asp Thr Pro Val Gly Asn Asp Gln Leu	
650	660
Leu Glu Ile Leu Asn Lys Leu Ile Lys Tyr Ile Gln Ile Lys Phe Val Arg Gly Ser Thr	
670	680
Phe Lys Glu Ile Pro Val Thr Val Tyr Lys Pro Ile Ile Lys Lys Tyr Thr Lys Ile Ile	
690	700
Asp Gly Val Pro Val Gln Ile Thr Glu Lys Glu Thr Arg Glu Glu Arg Ile Ile Thr Gly	
710	720
Pro Glu Ile Lys Tyr Thr Arg Ile Ser Thr Gly Gly Gln Thr Glu Glu Thr Leu Lys	
730	740
Lys Leu Leu Gln Glu Glu Val Thr Lys Val Thr Lys Phe Ile Glu Gly Asp Gly His	
750	760
Leu Phe Glu Asp Gln Glu Ile Lys Arg Leu Leu Gln Gly Asp Thr Pro Val Arg Lys Leu	
770	779
Gln Ala Asn Lys Lys Val Gln Gly Ser Arg Arg Leu Arg Glu Gly Arg Ser Gln	

**FIGURE 8D**

SEQ ID NO:40

X67698 Human tissue specific mRNA  
CDS 11..466

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**FIGURE 8E**

SEQ ID NO:41

M62402 Human insulin-like growth factor binding protein 6  
CDS 54...776

... Thr Pro His Arg Ieu Leu Pro Prc Leu Leu Leu Leu Ala Leu Leu Leu Ala Ala  
 ... 10  
 Ser Prc Gly Gly Ala Leu Ala Arg Cys Pro Gly Cys Gly Ser Gly Val Gin Ala Gly Cys  
 ... 30  
 Ser Gly Gly Cys Val Glu Glu Asp Gly Gly Ser Pro Ala Glu Gly Cys Ala Glu Ala  
 ... 50  
 Glu Gly Cys Leu Arg Arg Glu Gly Gln Glu Cys Gly Val Tyr Thr Pro Asn Cys Ala Pro  
 ... 70  
 Gly Ieu Gln Cys His Pro Pro Lys Asp Asp Glu Ala Pro Leu Arg Ala Leu Leu Leu Gly  
 ... 90  
 Arg Gly Arg Cys Leu Pro Ala Arg Ala Pro Ala Val Ala Glu Glu Asn Pro Lys Glu Ser  
 ... 110  
 Lys Pro Gln Ala Gly Thr Ala Arg Prc Gln Asp Val Asn Arg Arg Asp Gln Gln Arg Asn  
 ... 130  
 Prc Gly Thr Ser Thr Thr Prc Ser Gln Pro Asn Ser Ala Gly Val Gln Asp Thr Glu Met  
 ... 150  
 Gly Pro Cys Arg Arg His Leu Asp Ser Val Leu Gln Gln Leu Gln Thr Glu Val Tyr Arg  
 ... 170  
 Gly Ala Gln Thr Leu Tyr Val Pro Asn Cys Asp His Arg Gly Phe Tyr Arg Lys Arg Gln  
 ... 190  
 Cys Arg Ser Ser Gln Gly Gln Arg Arg Gly Pro Cys Trp Cys Val Asp Arg Met Gly Lys  
 ... 210  
 Ser Ieu Pro Gly Ser Pro Asp Gly Asn Gly Ser Ser Ser Cys Pro Thr Gly Ser Ser Gly  
 ... 230  
 ... 240

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**FIGURE 8F**

SEQ ID NO:42

D90226 Human OSF-1  
CDS 125...631

Met Gln Ala Gln Gln Tyr Gln Gln Arg Arg Lys Phe Ala Ala Ala Phe Leu Ala Phe 10 20  
Ile Phe Ile Leu Ala Ala Val Asp Thr Ala Glu Ala Gly Lys Lys Glu Lys Pro Glu Lys 30 40  
Lys Val Lys Lys Ser Asp Cys Gly Glu Trp Gln Trp Ser Val Cys Val Pro Thr Ser Gly 50 60  
Asp Cys Gly Leu Gly Thr Arg Glu Gly Thr Arg Thr Gly Ala Glu Cys Lys Gln Thr Met 70 80  
Lys Thr Gln Arg Cys Lys Ile Pro Cys Asn Trp Lys Lys Gln Phe Gly Ala Glu Cys Lys 90 100  
Tyr Gln Phe Gln Ala Trp Gly Glu Cys Asp Leu Asn Thr Ala Leu Lys Thr Arg Thr Gly 110 120  
Ser Leu Lys Arg Ala Leu His Asn Ala Glu Cys Gln Lys Thr Val Thr Ile Ser Lys Pro 130 140  
Cys Gly Lys Leu Thr Lys Pro Lys Pro Gln Ala Glu Ser Lys Lys Lys Lys Glu Gly 150 160  
Lys Lys Gln Glu Lys Met Leu Asp 168

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**FIGURE 8G**

SEQ ID NO:43

L13698      Human gas-1  
 CDS 411...1448

Met Val Ala Ala Leu Ile Gly Gly Gly Glu Ala Arg Gly Gly Thr Val Pro Gly Ala	20
Trp Leu Cys Ile Met Ala Ile Leu Gln Leu Leu Gly Ser Ala Pro Arg Gly Ser Gly Leu	40
Ala His Gly Arg Arg Leu Ile Cys Trp Gln Ala Leu Leu Gln Cys Gln Gly Glu Pro Glu	60
Cys Ser Tyr Ala Tyr Asn Gln Tyr Ala Glu Ala Cys Ala Pro Val Leu Ala Gln His Gly	80
Gly Gly Asp Ala Pro Gly Ala Ala Ala Ala Phe Pro Ala Ser Ala Ser Phe Ser	100
Ser Arg Trp Arg Cys Pro Ser His Cys Ile Ser Ala Leu Ile Gln Leu Asn His Thr Arg	120
Arg Gly Pro Ala Leu Gln Asp Cys Asp Gln Asp Glu Asn Cys Lys Ser Thr Lys	140
Arg Ala Ile Glu Pro Cys Ile Pro Arg Thr Ser Gly Gly Ala Gly Gly Pro Gly Ala	160
Gly Gly Val Met Gly Cys Thr Glu Ala Arg Arg Arg Cys Asp Arg Asp Ser Arg Cys Asn	180
Leu Ala Leu Ser Arg Tyr Ile Thr Tyr Cys Gly Lys Val Phe Asn Gly Leu Arg Cys Thr	200
Asp Glu Cys Arg Thr Val Ile Glu Asp Met Leu Ala Met Pro Lys Val Ala Leu Leu Asn	220
Asp Cys Val Cys Asp Gly Ile Glu Arg Pro Ile Cys Glu Ser Val Lys Glu Asn Met Ala	240
Arg Leu Cys Phe Gly Ala Glu Leu Gly Asn Gly Pro Gly Ser Ser Gly Ser Asp Gly Gly	260
Leu Asp Asp Tyr Tyr Asp Glu Asp Tyr Asp Asp Glu Gln Arg Thr Gly Gly Ala Gly Gly	280
Glu Gln Pro Leu Asp Asp Asp Gly Val Pro His Pro Pro Arg Pro Gly Ser Gly Ala	300
Ala Ala Ser Gly Gly Arg Gly Asp Ile Pro Tyr Gly Pro Gly Arg Arg Ser Ser Gly Gly	320
Gly Gly Arg Leu Ala Pro Arg Gly Ala Trp Thr Pro Leu Ala Ser Ile Leu Leu Leu	340
Leu Gly Pro Leu Phe	345

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**FIGURE 8H**

SEQ ID NO:44

U52101 Human YMP  
CDS 50...541

Met Ser Leu Leu Leu Leu Val Val Ser Ala Leu His Ile Leu Ile Leu Ile Leu Phe 10 20  
Val Ala Thr Leu Asp Lys Ser Trp Trp Thr Leu Pro Gly Lys Glu Ser Leu Asn Leu Trp 30 40  
Tyr Asp Cys Thr Trp Asn Asn Asp Thr Lys Thr Trp Ala Cys Ser Asn Val Ser Glu Asn 50 60  
Gly Trp Leu Lys Ala Val Gln Val Met Val Leu Ser Leu Ile Leu Cys Cys Leu Ser 70 80  
Phe Ile Leu Phe Met Phe Gln Leu Tyr Thr Met Arg Arg Gly Gly Leu Phe Tyr Ala Thr 90 100  
Gly Leu Cys Gln Leu Cys Thr Ser Val Ala Val Phe Thr Gly Ala Leu Ile Tyr Ala Ile 110 120  
His Ala Glu Glu Ile Leu Glu Lys His Pro Arg Gly Gly Ser Phe Gly Tyr Cys Phe Ala 130 140  
Leu Ala Trp Val Ala Phe Pro Leu Ala Leu Val Ser Gly Ile Ile Tyr Ile His Leu Arg 150 160  
Lys Arg Glu 163

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**FIGURE 8I**

SEQ ID NO:45

U72649 Human BTG2  
CDS 72...548

Met Ser His Gly Lys Gly Gly Thr Asp Met Leu Pro Glu Ile Ala Ala Ala Val Gly Phe Leu  
10 20  
Ser Ser Leu Leu Arg Thr Arg Gly Cys Val Ser Glu Gin Arg Leu Lys Val Phe Ser Gly  
30 40  
Ala Leu Gin Glu Ala Leu Thr Glu His Tyr Lys His His Trp Phe Pro Glu Lys Pro Ser  
50 60  
Lys Gly Ser Gly Tyr Arg Cys Ile Arg Ile Asn His Lys Met Asp Pro Ile Ile Ser Arg  
70 80  
Val Ala Ser Gln Ile Gly Leu Ser Gin Pro Gin Leu His Gln Leu Leu Pro Ser Glu Leu  
90 100  
Thr Leu Trp Val Asp Pro Tyr Glu Val Ser Tyr Arg Ile Gly Glu Asp Gly Ser Ile Cys  
110 120  
Val Leu Tyr Gln Glu Ala Pro Leu Ala Ala Ser Cys Gly Leu Leu Thr Cys Lys Asn Gin  
130 140  
Val Leu Leu Gly Arg Ser Ser Pro Ser Lys Asn Tyr Val Met Ala Val Ser Ser  
150 158

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**FIGURE 8J**

SEQ ID NO:46

L36034 Human pre-B cell stimulating factor homolog (SDF1a)  
CDS 80...349

10	20
Met Asn Ala Lys Val Val Val Val Leu Val Leu Val Leu Thr Ala Leu Cys Leu Ser Asp	40
30	
Gly Lys Pro Val Ser Leu Ser Tyr Arg Cys Pro Cys Arg Phe Phe Glu Ser His Val Ala	40
50	
Arg Ala Asn Val Lys His Leu Lys Ile Leu Asn Thr Pro Asn Cys Ala Leu Gln Ile Val	60
70	
Ala Arg Leu Lys Asn Asn Asn Arg Gln Val Cys Ile Asp Pro Lys Leu Lys Trp Ile Gln	80
89	
Glu Tyr Leu Glu Lys Ala Leu Asn Lys	

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**FIGURE 8K**

SEQ ID NO:47

M36035 Human peripheral benzodiazepine receptor  
CDS 62...571

Met Ala Pro Pro Trp Val Pro Ala Met Gly Phe Thr Leu Ala Pro Ser Leu Gly Cys Phe  
10 20  
Val Gly Ser Arg Phe Val His Gly Glu Gly Leu Arg Trp Tyr Ala Gly Leu Gln Lys Pro  
30 40  
Leu Trp His Pro Pro His Trp Val Leu Gly Pro Val Trp Gly Thr Leu Tyr Ser Ala Met  
50 60  
Gly Tyr Gly Ile Tyr Leu Val Trp Lys Glu Leu Gly Gly Phe Thr Glu Lys Ala Val Val  
70 80  
Pro Leu Gly Leu Tyr Thr Gly Gln Leu Ala Leu Asn Trp Ala Trp Pro Pro Ile Phe Phe  
90 100  
Gly Ala Arg Ile Met Val Ile Ala Leu Val Asp Leu Leu Val Ser Gly Ala Ala Ala  
110 120  
Ala Thr Thr Val Ala Thr Ile Gln Val Ser Pro Leu Ala Ala Arg Leu Leu Tyr Pro Tyr  
130 140  
Leu Ala Trp Leu Ala Phe Ala Thr Thr Leu Asn Tyr Cys Val Trp Arg Asp Asn His Gly  
150 160  
Trp His Gly Gln Arg Arg Leu Pro Glu  
169

**FIGURE 8L**

SEQ ID NO:48

M38591 Homo sapiens cellular ligand of annexin II (p11)  
CDS 113...405

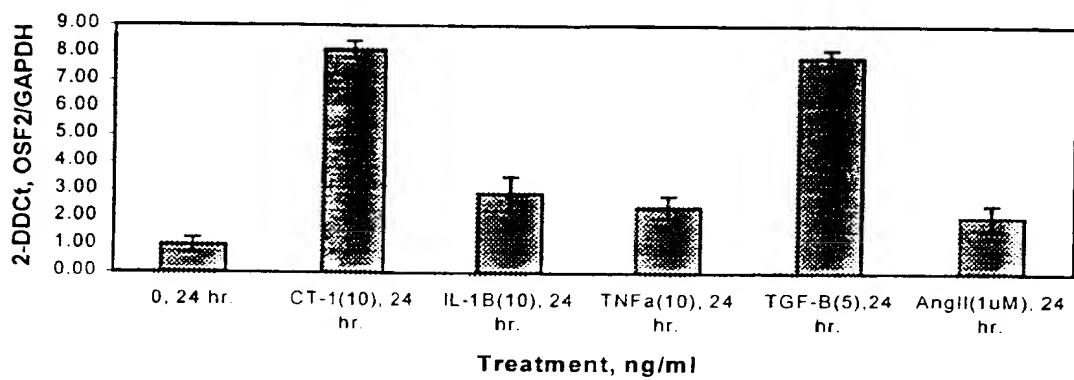
Met Pro Ser Gln Met Glu His Ala Met Glu Thr Met Met Phe Thr Phe His Lys Phe Ala	20
Gly Asp Lys Gly Tyr Leu Thr Lys Glu Asp Leu Arg Val Leu Met Glu Lys Glu Phe Pro	40
Gly Phe Leu Glu Asn Gln Lys Asp Pro Leu Ala Val Asp Lys Ile Met Lys Asp Leu Asp	60
Gln Cys Arg Asp Gly Lys Val Gly Phe Gln Ser Phe Phe Ser Leu Ile Ala Gly Leu Thr	80
Ile Ala Cys Asn Asp Tyr Phe Val Val His Met Lys Gln Lys Gly Lys Lys	97

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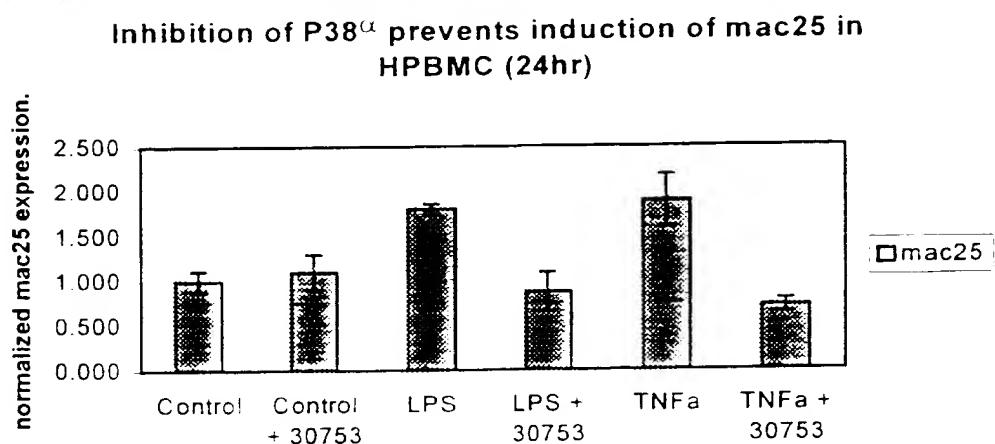
**FIGURE 9**

Human Match		cDNA Size (nt)	CDS	Protein Size (aa)	Signal	TM
X57352	Human 1-8U gene from interferon inducible gene family	808	238...639	133	unlikely	Yes
S75725	Human prostacyclin-stimulating factor	1124	23...871	282	Yes	possible
D13665	Human osf-2	3077	28...2367	779	Yes	unlikely
X67698	Human tissue specific mRNA	808	11...466	151	Yes	No
M62402	Human insulin-like growth factor binding protein 6	952	54...776	240	Yes	No
D90226	Human OSF-1	816	125...631	168	Yes	No
L13698	Human gas-1	2828	411...1448	345	Yes	possible
U52101	Human YMP	600	50...541	163	Yes	Yes 3 TM
U72649	Human BTG2	2717	72...548	158	Yes	unlikely
L36034	Human pre-B cell stimulating factor homolog (SDF1a)	1847	80...349	89	Yes	No
M36035	Human peripheral benzodiazepine receptor	821	62...571	169	Yes	possible
M38591	Homo sapiens cellular ligand of annexin II (p11)	649	112...405	97	No	possible

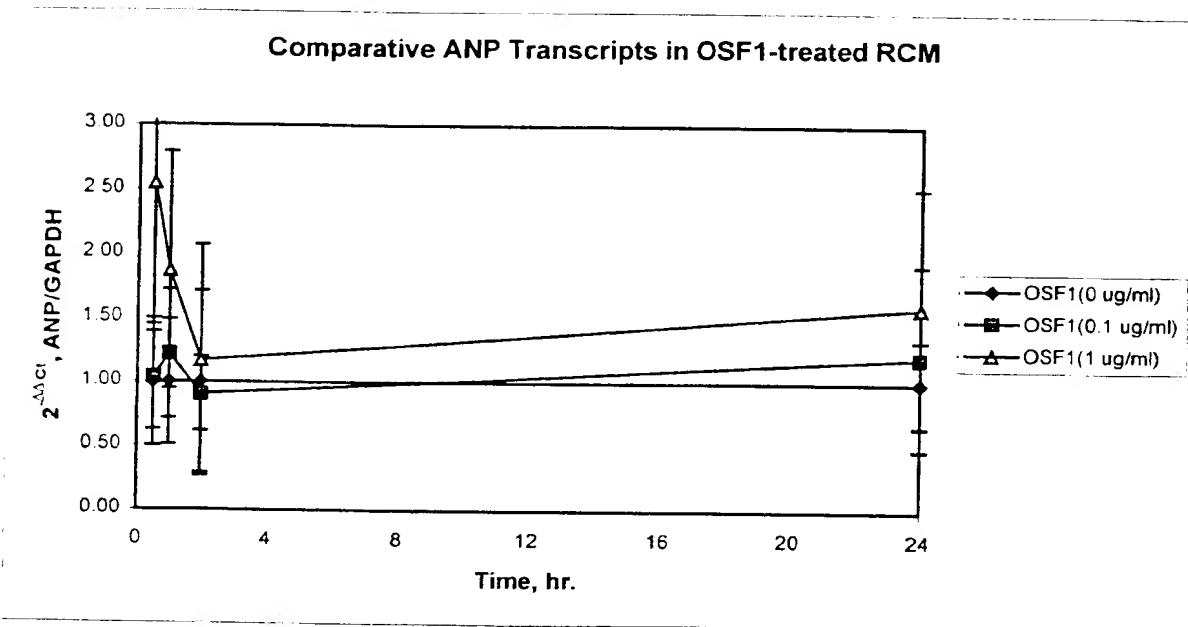
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**FIGURE 10****Comparative OSF2 Transcripts in Neonatal rat cardiac myocytes 24 hr.**

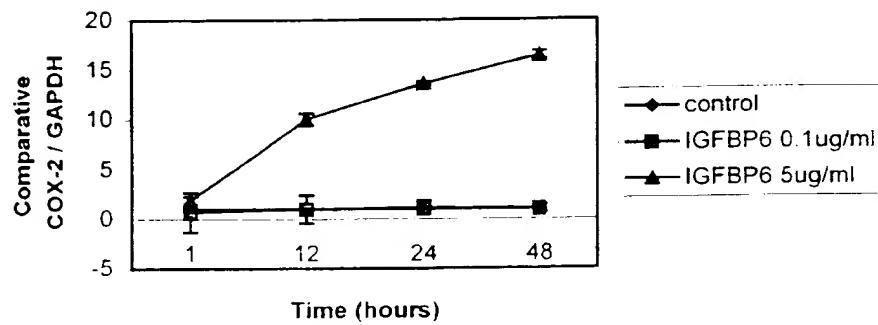
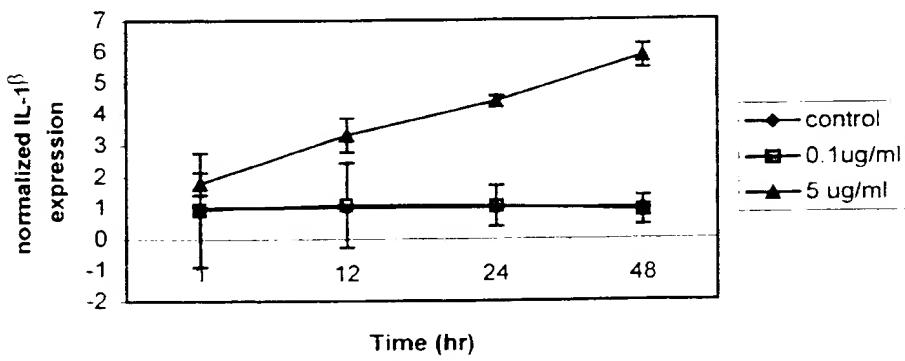
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**FIGURE 11**

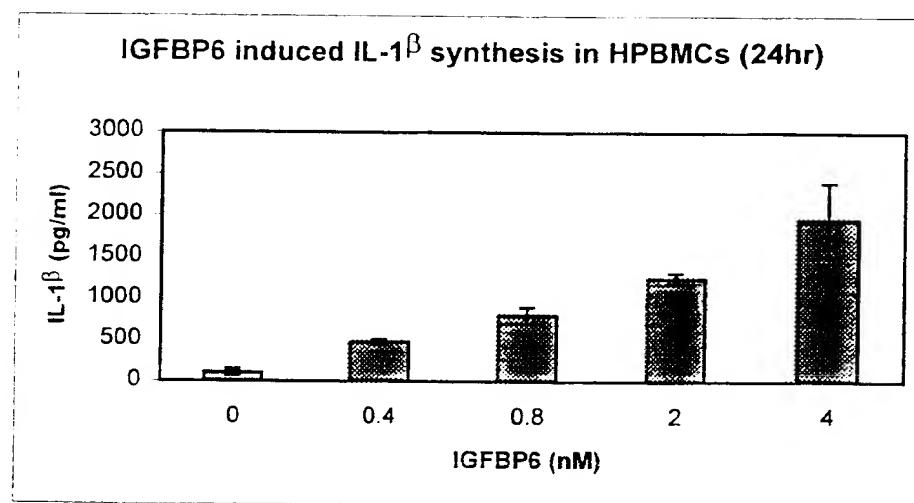
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**FIGURE 12**

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**FIGURE 13A****Comparative COX-2 transcripts in IGFBP6 treated HPBMC****FIGURE 13B****IGFBP6 upregulates IL-1 $\beta$  in HPBMCs**

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**FIGURE 14**



## INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification <sup>7</sup> : <b>A61K 38/17, C07K 14/47, C12Q 1/68, A61K 38/18, C07K 14/475, C12N 15/12</b>		A3	(11) International Publication Number: <b>WO 00/35473</b>
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(74) Agent: ALTMAN, Daniel, E.; Knobbe, Martens, Olson and Bear, LLP, 620 Newport Center Drive, 16th floor, Newport Beach, CA 92660 (US).			
(54) Title: METHODS FOR DETECTION AND USE OF DIFFERENTIALLY EXPRESSED GENES IN DISEASE STATES			
(57) Abstract			
<p>The present invention relates to methods and compositions for the detection, diagnosis, prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and related disorders. The present invention also relates to compositions and methods useful in the diagnosis, prevention and therapeutic treatment of a disease, specifically cardiac, kidney or inflammatory disease. Specifically, methods and compositions are provided for the diagnostic evaluation and prognosis of conditions involving a disease, specifically cardiac, kidney or inflammatory disease, for the identification of subjects exhibiting a predisposition to such conditions, for modulating the effect of these differentially expressed genes, for monitoring patients undergoing clinical evaluation for the prevention and treatment of a disease, specifically cardiac, kidney or inflammatory disease, and its disorders, and for monitoring the efficacy of compounds used in clinical trials.</p>			

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# INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 99/29941

**A. CLASSIFICATION OF SUBJECT MATTER**

IPC 7 A61K38/17 A61K38/18 C07K14/47 C07K14/475 C12N15/12  
C12Q1/68

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Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

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Category <sup>a</sup>	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	<p>DATABASE EMBL [Online]            ACCESSION NUMBER X57352,            26 May 1993 (1993-05-26)            LEWIN A.R. ET AL: "Molecular analysis of a            human interferon-inducible gene family"            XP002136677            abstract            &amp; EUR. J. BIOCHEM. 199:417-423, 1991            ---            -/-</p>	1-72

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Fernandez y Branas, F

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International Application No

PCT/US 99/29941

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	MASUDA H ET AL: "Bone loss due to estrogen deficiency is compensated in transgenic mice overexpressing human osteoblast stimulating factor-1" BIOCHEMICAL AND BIOPHYSICAL RESEARCH COMMUNICATIONS, US, ACADEMIC PRESS INC. ORLANDO, FL, vol. 238, no. 238, 1997, pages 528-533-533, XP002100860 ISSN: 0006-291X abstract page 533, column 1, paragraph 1 ---	1-5, 7-12,14, 15, 17-24, 65-72
A	IMAI S ET AL: "Osteoblast recruitment and bone formation enhanced by cell matrix-associated heparin-binding growth-associated molecule (HB-GAM)" THE JOURNAL OF CELL BIOLOGY, US, ROCKEFELLER UNIVERSITY PRESS, vol. 143, no. 4, 16 November 1998 (1998-11-16), pages 1113-1128-1128, XP002102012 ISSN: 0021-9525 abstract page 1127, column 1, paragraph 1 figure 9 ---	1-5, 7-12,14, 15, 17-24, 65-72
A	DATABASE EMBL [Online] ACCESSION NUMBER T12736, 1996 COLLEY KJ ET AL: "Antisense oligonucleotides of pleiotrophin" XP002136678 abstract -& WO 96 02257 A (GEORGETOWN UNIVERSITY) ---	1-3, 5-13, 25-32, 35-47, 49-72
A	DATABASE EMBL [Online] ACCESSION NUMBER Q94159, 1995 MIZUSHIMA S ET AL: "DNA ENCODING A PROTEIN PROMOTING PG12 PRODUCTION" XP002136679 abstract -& WO 94 29448 A (NAWATA H.) ---	1,2,5-9, 12,13, 25-34, 38,39
X	MAEDA K. ET AL: "Analysis of an expression profile of genes in the human adipose tissue" GENE, vol. 190, 1997, pages 227-235, XP002136672 abstract; table 1 --- -/-	38,39

## INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 99/29941

## C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation or document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	HELLER R.A. ET AL: "Discovery and analysis of inflammatory disease-related genes using cDNA microarrays" PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES USA, vol. 94, 1997, pages 2150-2155, XPO02136673 the whole document ---	38,39
X	SCHENA M. ET AL: "parallel human genome analysis: Microarray-based expression monitoring of 1000 genes" PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES USA, vol. 93, 1996, pages 10614-10619, XPO02136674 the whole document ---	38,39
X,P	WO 99 38973 A (CORIXA CORP) 5 August 1999 (1999-08-05) Seq Id 119 claim 33 -----	38,39

# INTERNATIONAL SEARCH REPORT

International application No  
PCT/US 99/29941

## Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

- 1  Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:  
see FURTHER INFORMATION sheet PCT/ISA/210
- 2  Claims Nos.: 1-3, 5, 8-10, 12, 16 (all partially)  
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:  
see FURTHER INFORMATION sheet PCT/ISA/210
3.  Claims Nos.:  
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

## Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

- 1  As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2.  As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3.  As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4.  No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

1-72 (all partially)

### Remark on Protest

- The additional search fees were accompanied by the applicant's protest.  
 No protest accompanied the payment of additional search fees.

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Continuation of Box I.1

Although claims 1-24, 32-34, 65-72 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.

Although claim(s) 35-37 (partially when the methods are carried out *in vivo*) are directed to a diagnostic method practised on the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.

Continuation of Box I.2

Claims Nos.: 1-3, 5, 8-10, 12, 16 (all partially)

Present claims 1-3, 5, 8-10, 12 and 16 relate to a compound defined by reference to a desirable characteristic or property, namely the capability to modulate the genes mentioned in claim 1 or their expression products

The claims cover all compounds having this characteristic or property, whereas the application provides support within the meaning of Article 6 PCT and/or disclosure within the meaning of Article 5 PCT for only a very limited number of such compounds. In the present case, the claims so lack support, and the application so lacks disclosure, that a meaningful search over the whole of the claimed scope is impossible. Independent of the above reasoning, the claims also lack clarity (Article 6 PCT). An attempt is made to define the compound by reference to a result to be achieved. Again, this lack of clarity in the present case is such as to render a meaningful search over the whole of the claimed scope impossible. Consequently, the search has been carried out for those parts of the claims which appear to be clear, supported and disclosed, namely those parts relating to the compounds specifically defined in claims 4, 6, 11, 13, 14, 15, 17, 32 and 65.

The applicant's attention is drawn to the fact that claims, or parts of claims, relating to inventions in respect of which no international search report has been established need not be the subject of an international preliminary examination (Rule 66.1(e) PCT). The applicant is advised that the EPO policy when acting as an International Preliminary Examining Authority is normally not to carry out a preliminary examination on matter which has not been searched. This is the case irrespective of whether or not the claims are amended following receipt of the search report or during any Chapter II procedure.

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

1. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence 1-8U or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human 1-8U; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the 1-8U gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human protein 1-8U; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving 1-8U and one or more of prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1 $\alpha$ , peripheral benzodiazepine receptor and cellular ligand of annexin II; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is 1-8U.

2. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence prostacyclin stimulating factor or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human prostacyclin stimulating factor; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the prostacyclin stimulating factor gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human protein prostacyclin stimulating factor; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving one or more of 1-8U, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1 $\alpha$ , peripheral benzodiazepine receptor and cellular ligand of annexin II in as far not covered by subject 1; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is prostacyclin stimulating factor.

3. Claims: 1-72 (all partially)

## FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence osf-2 or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human osf-2; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the osf-2 gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human osf-2; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving osf-2 and one or more of 1-8U, prostacyclin stimulating factor, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1 $\alpha$ , peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-2; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is osf-2.

## 4. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence tissue specific mRNA protein or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human tissue specific mRNA protein; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the tissue specific mRNA protein gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human tissue specific mRNA protein; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving tissue specific mRNA protein and one or more of 1-8U, prostacyclin stimulating factor, osf-2, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1 $\alpha$ , peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-3; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is tissue specific mRNA protein.

## 5. Claims: 1-72 (all partially)

**FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210**

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence IGFBP-6 or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human IGFBP-6; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the IGFBP-6 gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human IGFBP-6; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving IGFBP-6 and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-4; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is IGFBP-6.

**6. Claims: 1-72 (all partially)**

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence OSF-1 or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human OSF-1; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the OSF-1 gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human OSF-1; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving OSF-1 and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-5; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is OSF-1.

**7. Claims: 1-72 (all partially)**

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory

## FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

diseases by administering modulators of a gene encoding a human protein consisting of native sequence gas-1 or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human gas-1; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the gas-1 gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human gas-1; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving gas-1 and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-6; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is gas-1.

## 8. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence YMP or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human YMP; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the YMP gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human YMP; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving YMP and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, BTG2, SDF1a, peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-7; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is YMP.

## 9. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence BTG2 or its expression products; claims 25-31, concerning antisense

## FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human BTG2; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the BTG2 gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human BTG2; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving BTG2 and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, SDF1 $\alpha$ , peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-8; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is BTG2.

## 10. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence SDF1 $\alpha$  or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human SDF1 $\alpha$ ; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the SDF1 $\alpha$  gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human SDF1 $\alpha$ ; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving SDF1 $\alpha$  and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, peripheral benzodiazepine receptor and cellular ligand of annexin II in so far not covered by subjects 1-9; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is SDF1 $\alpha$ .

## 11. Claims: 1-72 (all partially)

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence peripheral benzodiazepine receptor or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human peripheral benzodiazepine

**FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210**

receptor; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the peripheral benzodiazepine receptor gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human peripheral benzodiazepine receptor; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving peripheral benzodiazepine receptor and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a and cellular ligand of annexin II, in so far not covered by subjects 1-10; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is peripheral benzodiazepine receptor.

**12. Claims: 1-72 (all partially)**

Claims 1-24, 32-34 and 65-72 concerning methods of treatment and/or prevention of cardiac, kidney or inflammatory diseases by administering modulators of a gene encoding a human protein consisting of native sequence cellular ligand of annexin II or its expression products; claims 25-31, concerning antisense oligonucleotides capable of hybridizing and inhibiting the translation of the mRNA encoded by a gene encoding human cellular ligand of annexin II; claims 35-37 and 40-62 diagnostic methods and kits for detecting cardiac, kidney or inflammatory disease in a human patient in so far the methods are concerned with the measurement of the expression of the cellular ligand of annexin II gene; claims 38-39 concerning an array of one or more oligonucleotides complementary to reference DNA or RNA sequences encoding the human cellular ligand of annexin II; the methods, antisenses, kits and array of claims 1-62 and 65-72 involving cellular ligand of annexin II and one or more of 1-8U, prostacyclin stimulating factor, osf-2, tissue specific mRNA protein, IGFBP-6, OSF-1, gas-1, YMP, BTG2, SDF1a, peripheral benzodiazepine receptor, in so far not covered by subjects 1-11; claims 63-64 concerning the methods of identification of modulators of a differentially expressed cardiac, kidney or inflammatory disease gene in so far the gene is cellular ligand of annexin II.

## INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/US 99/29941

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